



# DEL Report

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Assessment Item ID	Question Text	Response Code - Response Text	Item Use(s)	Changed since Last Assessment
M0018	National Provider Identifier (NPI) for the attending physician who has signed the plan of care	^-Blank (not available or unknown) Text-National Provider Identifier (NPI) UK-Unknown or Not Available	*	N
M0010	CMS Certification Number (CCN)	^-Blank (not available or unknown) Text-CMS Certification Number (CCN)	*	N



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M0014	Branch State	AK-Alaska AL-Alabama AR-Arkansas AS-American Samoa AZ-Arizona ^-Blank (not available or unknown) CA-California CO-Colorado CT-Connecticut DC-District of Columbia DE-Delaware FL-Florida GA-Georgia GU-Guam HI-Hawaii IA-Iowa ID-Idaho IL-Illinois IN-Indiana KS-Kansas KY-Kentucky LA-Louisiana MA-Massachusetts MD-Maryland ME-Maine MI-Michigan MN-Minnesota MO-Missouri MP-Saipan (Northern Mariana Islands) MS-Mississippi MT-Montana NC-North Carolina ND-North Dakota NE-Nebraska NH-New Hampshire NJ-New Jersey	*	N



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		NM-New Mexico NV-Nevada NY-New York OH-Ohio OK-Oklahoma OR-Oregon PA-Pennsylvania PR-Puerto Rico RI-Rhode Island SC-South Carolina SD-South Dakota TN-Tennessee TX-Texas UT-Utah VA-Virginia VI-Virgin Islands VT-Vermont WA-Washington WI-Wisconsin WV-West Virginia WY-Wyoming		
M0016	Branch ID Number	N-Assessment was performed by an HHA which has no branches or by a subunit which has no branches P-Assessment was performed by the home office of an HHA which has branches or by the home office of a subunit which has branches Text-Assessment was performed by an HHA branch -- enter standard branch ID	*	N
M0020	Patient ID Number	^-Blank (not available or unknown) Text-Agency's {patient/resident/person} identifying number, medical record number, or other ID for the {patient/resident/person}	*	N
M0040	Patient Name	*	*	N
M0040_A	First name	Text-{Patient/Resident/Person} First name	*	N
M0040_B	Middle initial	^-Blank (not available or unknown) Text-{Patient/Resident/Person} Middle initial	*	N
M0040_C	Last name	Text-{Patient/Resident/Person} Last name	*	N



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M0040_D	Suffix	^-Blank (not available or unknown) Text-{Patient/Resident/Person} Suffix	*	N



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M0050	Patient State of Residence	AK-Alaska AL-Alabama AR-Arkansas AS-American Samoa AZ-Arizona CA-California CO-Colorado CT-Connecticut DC-District of Columbia DE-Delaware FL-Florida FM-Federated States of Micronesia GA-Georgia GU-Guam HI-Hawaii IA-Iowa ID-Idaho IL-Illinois IN-Indiana KS-Kansas KY-Kentucky LA-Louisiana MA-Massachusetts MD-Maryland ME-Maine MH-Marshall Islands MI-Michigan MN-Minnesota MO-Missouri MP-Saipan (Northern Mariana Islands) MS-Mississippi MT-Montana NC-North Carolina ND-North Dakota NE-Nebraska NH-New Hampshire	*	N



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		NJ-New Jersey NM-New Mexico NV-Nevada NY-New York OH-Ohio OK-Oklahoma OR-Oregon PA-Pennsylvania PR-Puerto Rico PW-Palau RI-Rhode Island SC-South Carolina SD-South Dakota TN-Tennessee TX-Texas UT-Utah VA-Virginia VI-Virgin Islands VT-Vermont WA-Washington WI-Wisconsin WV-West Virginia WY-Wyoming		
M0060	Patient ZIP Code	Text-{Patient/Resident/Person} Zip Code	*	N
M0064	Social Security Number	^-Blank (not available or unknown) Text-{Patient/Resident/Person} Social Security Number UK-Unknown or Not Available	*	N
M0063	Medicare Number	^-Blank (not available or unknown) NA-No Medicare Text-{Patient/Resident/Person} Medicare number or Medicare Beneficiary Identifier (MBI)	*	N
M0065	Medicaid Number	^-Blank (not available or unknown) NA-No Medicaid Text-{Patient/Resident/Person} Medicaid Number	*	N
M0069	Gender	1-Male 2-Female	*	N



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M0066	Birth Date	MMDDYYYY-{Patient/Resident/Person} Birth Date MMYYYY-{Patient/Resident/Person} Birth Date (if day of month is unknown) YYYY-{Patient/Resident/Person} Birth Date (if month and day unknown)	*	N
A1005	Ethnicity. Are you of Hispanic, Latino/a, or Spanish origin? Check all that apply	A-No, not of Hispanic, Latino/a, or Spanish origin B-Yes, Mexican, Mexican American, Chicano/a C-Yes, Puerto Rican D-Yes, Cuban E-Yes, another Hispanic, Latino, or Spanish origin X-{Patient/Resident/Person} unable to respond Y-{Patient/Resident/Person} declines to respond	*	N
A1010	Race. What is your race? Check all that apply	A-White B-Black or African American C-American Indian or Alaska Native D-Asian Indian E-Chinese F-Filipino G-Japanese H-Korean I-Vietnamese J-Other Asian K-Native Hawaiian L-Guamanian or Chamorro M-Samoan N-Other Pacific Islander X-{Patient/Resident/Person} unable to respond Y-{Patient/Resident/Person} declines to respond Z-None of the above	*	N



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M0150	Current Payment Sources for Home Care. Check all that apply	00-None; no charge for current services 01-Medicare (traditional fee-for-service) 02-Medicare (HMO/managed care/Advantage plan) 03-Medicaid (traditional fee-for-service) 04-Medicaid (HMO/managed care) 05-Workers' compensation 06-Title programs (for example, Title III, V, or XX) 07-Other government (for example, TriCare, VA) 08-Private insurance 09-Private HMO/managed care 10-Self-pay 11-Other (specify) UK-Unknown	*	N
M0150_specify	Current Payment Source - Other (specify)	*	*	N
B0200	Hearing. Ability to hear (with hearing aid or hearing appliances if normally used)	0-Adequate - no difficulty in normal conversation, social interaction, listening to TV 1-Minimal difficulty - difficulty in some environments (e.g., when person speaks softly or setting is noisy) 2-Moderate difficulty - speaker has to increase volume and speak distinctly 3-Highly impaired - absence of useful hearing --Not assessed/no information	*	N
B1000	Vision. Ability to see in adequate light (with glasses or other visual appliances)	0-Adequate - sees fine detail, such as regular print in newspapers/books 1-Impaired - sees large print, but not regular print in newspapers/books 2-Moderately impaired - limited vision; not able to see newspaper headlines but can identify objects 3-Highly impaired - object identification in question, but eyes appear to follow objects 4-Severely impaired - no vision or sees only light, colors or shapes; eyes do not appear to follow objects --Not assessed/no information	*	N
A1110	Language	*	*	N
A1110A	What is your preferred language?	--Not assessed/no information Text-Preferred language	*	N





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A1110B	Do you need or want an interpreter to communicate with a doctor or health care staff?	0-No 1-Yes 9-Unable to determine --Not assessed/no information	*	N
M0030	Start of Care Date	MMDDYYYY-Start of care date	*	N
M0032	Resumption of Care Date	^-Blank (no resumption of care date) MMDDYYYY-Resumption of care date	*	Y
M0080	Discipline of Person Completing Assessment	01-RN 02-PT 03-SLP/ST 04-OT	*	N
M0090	Date Assessment Completed	MMDDYYYY-Date assessment completed	QM	N
M0100	This Assessment is Currently Being Completed for the Following Reason	01-Start of care - further visits planned 03-Resumption of care (after inpatient stay) 04-Recertification (follow-up) reassessment 05-Other follow-up 06-Transferred to an inpatient facility - {patient/resident/person} not discharged from agency 07-Transferred to an inpatient facility - {patient/resident/person} discharged from agency 08-Death at home 09-Discharge from agency	*	N
M0906	Discharge/Transfer/Death Date: Enter the date of the discharge, transfer, or death (at home) of the patient.	^-Blank (skip pattern) MMDDYYYY-Discharge, transfer, death date	*	N
M0102	Date of Physician-ordered Start of Care (Resumption of Care): If the physician indicated a specific start of care (resumption of care) date when the patient was referred for home health services, record the date specified.	^-Blank (not available or unknown) MMDDYYYY-Physician ordered SOC/ROC date NA-No specific SOC date ordered by physician	*	N



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M0104	Date of Referral. Indicate the date that the written or verbal referral for initiation or resumption of care was received by the HHA.	^-Blank (not available or unknown) MMDDYYYY-Physician date of referral	*	N
M0110	Episode Timing: Is the Medicare home health payment episode for which this assessment will define a case mix group an "early" episode or a "later" episode in the patient's current sequence of adjacent Medicare home health payment episodes?	01-Early 02-Later NA-Not applicable: No Medicare case mix group to be defined by this assessment. UK-Unknown	*	N
A1250	Transportation (from NACHC). Has lack of transportation kept you from medical appointments, meetings, work, or from getting things needed from daily living? Check all that apply	A-Yes, it has kept me from medical appointments or from getting my medications B-Yes, it has kept me from non-medical meetings, appointments, work, or from getting things that I need C-No X-{Patient/Resident/Person} unable to respond Y-{Patient/Resident/Person} declines to respond	*	N
M1000	From which of the following Inpatient Facilities was the patient discharged within the past 14 days? Check all that apply	1-Long-term nursing facility (NF) 2-Skilled nursing facility (SNF/TCU) 3-Short-stay acute hospital (IPPS) 4-Long-term care hospital (LTCH) 5-Inpatient rehabilitation hospital or unit (IRF) 6-Psychiatric hospital or unit 7-Other (specify) NA-{Patient/Resident/Person} was not discharged from an inpatient facility	*	N
M1000_specify	Discharge Facility- Other (specify)	*	*	N
M1005	Inpatient Discharge Date (most recent)	^-Blank (not available or unknown) MMDDYYYY-Discharge Date UK-Unknown	*	Y



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M2301	Emergent Care: At the time of or at any time since the most recent SOC/ROC assessment has the patient utilized a hospital emergency department (includes holding/observation status)?	00-No 01-Yes, used hospital emergency department WITHOUT hospital admission 02-Yes, used hospital emergency department WITH hospital admission UK-Unknown	*	N
M2310	Reason for Emergent Care: For what reason(s) did the patient seek and/or receive emergent care (with or without hospitalization)? (Check all that apply)	01-Improper medication administration, adverse drug reactions, medication side effects, toxicity, anaphylaxis 10-Hypo/Hyperglycemia, diabetes out of control 19-Other than above reasons ^-Blank (skip pattern) UK-Reason unknown	*	N
M2410	To which Inpatient Facility has the patient been admitted?	01-Hospital 02-Rehabilitation facility 03-Nursing home 04-Hospice NA-No inpatient facility admission	*	N
M2420	Discharge Disposition: Where is the patient after discharge from your agency? Choose only one answer	01-{Patient/Resident/Person} remained in the community (without formal assistive services) 02-{Patient/Resident/Person} remained in the community (with formal assistive services) 03-{Patient/Resident/Person} transferred to a non-institutional hospice 04-Unknown because {patient/resident/person} moved to a geographic location not served by this agency ^-Blank (skip pattern) UK-Other unknown	*	Y
A2121	Provision of Current Reconciled Medication List to Subsequent Provider at Discharge. At the time of discharge to another provider, did your agency provide the patient's current reconciled medication list to the subsequent provider?	0-No - Current reconciled medication list not provided to the subsequent provider 1-Yes - Current reconciled medication list provided to the subsequent provider ^-Blank (skip pattern)	*	N



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A2120	Provision of Current Reconciled Medication List to Subsequent Provider at Transfer. At the time of transfer to another provider, did your agency provide the patient's current reconciled medication list to the subsequent provider?	0-No - Current reconciled medication list not provided to the subsequent provider 1-Yes - Current reconciled medication list provided to the subsequent provider 2-NA - The agency was not made aware of this transfer timely	*	N
A2122	Route of Current Reconciled Medication List Transmission to Subsequent Provider. Indicate the route(s) of transmission of the current reconciled medication list to the subsequent provider. Check all that apply	A-Electronic Health Record B-Health Information Exchange ^-Blank (skip pattern) C-Verbal (e.g., in-person, telephone, video conferencing) D-Paper-based (e.g., fax, copies, printouts) E-Other Methods (e.g., texting, email, CDs)	*	N
A2123	Provision of Current Reconciled Medication List to Patient at Discharge. At the time of discharge, did your facility provide the patient's current reconciled medication list to the patient, family and/or caregiver?	0-No - Current reconciled medication list not provided to the {patient/resident/person}, family and/or caregiver 1-Yes - Current reconciled medication list provided to the {patient/resident/person}, family and/or caregiver	*	N
A2124	Route of Current Reconciled Medication List Transmission to Patient. Indicate the route(s) of transmission of the current reconciled medication list to the patient/family/caregiver.	A-Electronic Health Record B-Health Information Exchange ^-Blank (skip pattern) C-Verbal (e.g., in-person, telephone, video conferencing) D-Paper-based (e.g., fax, copies, printouts) E-Other Methods (e.g., texting, email, CDs)	*	N
B1300	Health Literacy. How often do you need to have someone help you when you read instructions, pamphlets, or other written material from your doctor or pharmacy?	0-Never 1-Rarely 2-Sometimes 3-Often 4-Always 7-{Patient/Resident/Person} declines to respond 8-{Patient/Resident/Person} unable to respond	*	N



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M1700	Cognitive Functioning: Patient's current (day of assessment) level of alertness, orientation, comprehension, concentration, and immediate memory for simple commands.	00-Alert/oriented, able to focus and shift attention, comprehends and recalls task directions independently. 01-Requires prompting (cueing, repetition, reminders) only under stressful or unfamiliar conditions. 02-Requires assistance and some direction in specific situations (for example, on all tasks involving shifting of attention) or consistently requires low stimulus environment due to distractibility. 03-Requires considerable assistance in routine situations. Is not alert and oriented or is unable to shift attention and recall directions more than half the time. 04-Totally dependent due to disturbances such as constant disorientation, coma, persistent vegetative state, or delirium.	*	N
M1710	When Confused. Reported or Observed Within the Last 14 Days.	00-Never 01-In new or complex situations only 02-On awakening or at night only 03-During the day and evening, but not constantly 04-Constantly NA-{Patient/Resident/Person} nonresponsive	*	N
M1720	When Anxious. Reported or Observed Within the Last 14 Days.	00-None of the time 01-Less often than daily 02-Daily, but not constantly 03-All of the time NA-{Patient/Resident/Person} nonresponsive	*	N
C0100	Should Brief Interview for Mental Status be Conducted? Attempt to conduct interview with all patients	0-No ({patient/resident/person} is rarely/never understood) 1-Yes --Not assessed/no information	*	N
C0200	Repetition of Three Words - Ask patient: "I am going to say three words for you to remember. Please repeat the words after I have said all three. The words are: sock, blue, and bed. Now tell me the three words." Number of words repeated after first attempt	0-None 1-One 2-Two 3-Three ^-Blank (skip pattern) --Not assessed/no information	*	N
C0300	Temporal Orientation (orientation to year, month, and day)	*	*	N



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C0300A	Ask patient: "Please tell me what year it is right now." Able to report correct year	0-Missed by > 5 years or no answer 1-Missed by 2 - 5 years 2-Missed by 1 year 3-Correct ^-Blank (skip pattern) --Not assessed/no information	*	N
C0300B	Ask patient: "What month are we in right now?" Able to report correct month	0-Missed by > 1 month or no answer 1-Missed by 6 days to 1 month 2-Accurate within 5 days ^-Blank (skip pattern) --Not assessed/no information	*	N
C0300C	Ask patient: "What day of the week is today?" Able to report correct day of the week	0-Incorrect or no answer 1-Correct ^-Blank (skip pattern) --Not assessed/no information	*	N
C0400	Recall. Ask patient: "Let's go back to an earlier question. What were those three words that I asked you to repeat?" If unable to remember a word, give cue (something to wear; a color; a piece of furniture) for that word.	*	*	N
C0400A	Able to recall "sock"	0-No - could not recall 1-Yes, after cueing ("something to wear") 2-Yes, no cue required ^-Blank (skip pattern) --Not assessed/no information	*	N
C0400B	Able to recall "blue"	0-No - could not recall 1-Yes, after cueing ("a color") 2-Yes, no cue required ^-Blank (skip pattern) --Not assessed/no information	*	N



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C0400C	Able to recall "bed"	0-No - could not recall 1-Yes, after cueing ("a piece of furniture") 2-Yes, no cue required ^-Blank (skip pattern) --Not assessed/no information	*	N
C0500	BIMS Summary Score. Add scores for C0200-C0400 and fill in total score (00-15). Enter 99 if the patient was unable to complete the interview	00-Minimum value 15-Maximum value 99-Unable to complete interview ^-Blank (skip pattern) --Not assessed/no information	*	N
C1310	Signs and Symptoms of Delirium (from CAM©). Code after completing Brief Interview for Mental Status or Staff Assessment, and reviewing medical record	*	*	N
C1310A	Acute Onset Mental Status Change. Is there evidence of an acute change in mental status from the patient's baseline?	0-No 1-Yes --Not assessed/no information	*	N
C1310B	Inattention - Did the patient have difficulty focusing attention, for example, being easily distractible or having difficulty keeping track of what was being said?	0-Behavior not present 1-Behavior continuously present, does not fluctuate 2-Behavior present, fluctuates (comes and goes, changes in severity) --Not assessed/no information	*	N
C1310C	Disorganized Thinking - Was the patient's thinking disorganized or incoherent (rambling or irrelevant conversation, unclear or illogical flow of ideas, or unpredictable switching from subject to subject)?	0-Behavior not present 1-Behavior continuously present, does not fluctuate 2-Behavior present, fluctuates (comes and goes, changes in severity) --Not assessed/no information	*	N



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C1310D	Altered Level of Consciousness - Did the patient have altered level of consciousness, as indicated by any of the following criteria? vigilant - startled easily to any sound or touch, lethargic - repeatedly dozed off when being asked questions, but responded to voice or touch, stuporous - very difficult to arouse and keep aroused for the interview, comatose - could not be aroused	0-Behavior not present 1-Behavior continuously present, does not fluctuate 2-Behavior present, fluctuates (comes and goes, changes in severity) --Not assessed/no information	*	N
D0150	Patient Mood Interview (PHQ-2 to 9). Say to patient: "Over the last 2 weeks, have you been bothered by any of the following problems?"	*	*	N
D0150_1	Symptom Presence - "Over the last 2 weeks, have you been bothered by any of the following problems?"	*	*	N
D0150_2	Symptom Frequency - "About how often have you been bothered by this?"	*	*	N
D0150A1	Little interest or pleasure in doing things - Symptom Presence	0-No (enter 0 in column 2) 1-Yes (enter 0-3 in column 2) 9-No response (leave column 2 blank) --Not assessed/no information	*	N
D0150A2	Little interest of pleasure in doing things - Symptom Frequency	0-Never or 1 day 1-2-6 days (several days) 2-7-11 days (half or more of the days) 3-12-14 days (nearly every day) ^-Blank (skip pattern) --Not assessed/no information	*	N
D0150B1	Feeling down, depressed, or hopeless - Symptom Presence	0-No (enter 0 in column 2) 1-Yes (enter 0-3 in column 2) 9-No response (leave column 2 blank) --Not assessed/no information	*	N





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D0150B2	Feeling down, depressed, or hopeless - Symptom Frequency	0-Never or 1 day 1-2-6 days (several days) 2-7-11 days (half or more of the days) 3-12-14 days (nearly every day) ^-Blank (skip pattern) --Not assessed/no information	*	N
D0150C1	Trouble falling or staying asleep, or sleeping too much - Symptom Presence	0-No (enter 0 in column 2) 1-Yes (enter 0-3 in column 2) 9-No response (leave column 2 blank) ^-Blank (skip pattern) --Not assessed/no information	*	N
D0150C2	Trouble falling or staying asleep, or sleeping too much - Symptom Frequency	0-Never or 1 day 1-2-6 days (several days) 2-7-11 days (half or more of the days) 3-12-14 days (nearly every day) ^-Blank (skip pattern) --Not assessed/no information	*	N
D0150D1	Feeling tired or having little energy - Symptom Presence	0-No (enter 0 in column 2) 1-Yes (enter 0-3 in column 2) 9-No response (leave column 2 blank) ^-Blank (skip pattern) --Not assessed/no information	*	N
D0150D2	Feeling tired or having little energy - Symptom Frequency	0-Never or 1 day 1-2-6 days (several days) 2-7-11 days (half or more of the days) 3-12-14 days (nearly every day) ^-Blank (skip pattern) --Not assessed/no information	*	N
D0150E1	Poor appetite or overeating - Symptom Presence	0-No (enter 0 in column 2) 1-Yes (enter 0-3 in column 2) 9-No response (leave column 2 blank) ^-Blank (skip pattern) --Not assessed/no information	*	N



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D0150E2	Poor appetite or overeating - Symptom Frequency	0-Never or 1 day 1-2-6 days (several days) 2-7-11 days (half or more of the days) 3-12-14 days (nearly every day) ^-Blank (skip pattern) --Not assessed/no information	*	N
D0150F1	Feeling bad about yourself - or that you are a failure or have let yourself or your family down - Symptom Presence	0-No (enter 0 in column 2) 1-Yes (enter 0-3 in column 2) 9-No response (leave column 2 blank) ^-Blank (skip pattern) --Not assessed/no information	*	N
D0150F2	Feeling bad about yourself - or that you are a failure or have let yourself or your family down - Symptom Frequency	0-Never or 1 day 1-2-6 days (several days) 2-7-11 days (half or more of the days) 3-12-14 days (nearly every day) ^-Blank (skip pattern) --Not assessed/no information	*	N
D0150G1	Trouble concentrating on things, such as reading the newspaper or watching television - Symptom Presence	0-No (enter 0 in column 2) 1-Yes (enter 0-3 in column 2) 9-No response (leave column 2 blank) ^-Blank (skip pattern) --Not assessed/no information	*	N
D0150G2	Trouble concentrating on things, such as reading the newspaper or watching television - Symptom Frequency	0-Never or 1 day 1-2-6 days (several days) 2-7-11 days (half or more of the days) 3-12-14 days (nearly every day) ^-Blank (skip pattern) --Not assessed/no information	*	N
D0150H1	Moving or speaking so slowly that other people could have noticed. Or the opposite - being so fidgety or restless that you have been moving around a lot more than usual - Symptom Presence	0-No (enter 0 in column 2) 1-Yes (enter 0-3 in column 2) 9-No response (leave column 2 blank) ^-Blank (skip pattern) --Not assessed/no information	*	N



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D0150H2	Moving or speaking so slowly that other people could have noticed. Or the opposite - being so fidgety or restless that you have been moving around a lot more than usual - Symptom Frequency	0-Never or 1 day 1-2-6 days (several days) 2-7-11 days (half or more of the days) 3-12-14 days (nearly every day) ^-Blank (skip pattern) --Not assessed/no information	*	N
D0150I1	Thoughts that you would be better off dead, or of hurting yourself in some way - Symptom Presence	0-No (enter 0 in column 2) 1-Yes (enter 0-3 in column 2) 9-No response (leave column 2 blank) ^-Blank (skip pattern) --Not assessed/no information	*	N
D0150I2	Thoughts that you would be better off dead, or of hurting yourself in some way - Symptom Frequency	0-Never or 1 day 1-2-6 days (several days) 2-7-11 days (half or more of the days) 3-12-14 days (nearly every day) ^-Blank (skip pattern) --Not assessed/no information	*	N
D0160	Total Severity score. Add scores for all frequency responses in Column 2, Symptom Frequency. Total score must be between 02 and 27. Enter 99 if unable to complete interview (i.e., Symptom Frequency is blank for 3 or more required items)	02-Minimum value 27-Maximum value 99-Unable to complete interview --Not assessed/no information	*	N
D0700	Social Isolation. How often do you feel lonely or isolated from those around you?	0-Never 1-Rarely 2-Sometimes 3-Often 4-Always 7-{Patient/Resident/Person} declines to respond 8-{Patient/Resident/Person} unable to respond	*	N



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M1740	Cognitive, Behavioral, and Psychiatric symptoms that are demonstrated at least once a week (Reported or Observed). Check all that apply	1-Memory deficit: failure to recognize familiar persons/places, inability to recall events of past 24 hours, significant memory loss so that supervision is required 2-Impaired decision-making: failure to perform usual ADLs or IADLs, inability to appropriately stop activities, jeopardizes safety through actions 3-Verbal disruption: yelling, threatening, excessive profanity, sexual references, etc. 4-Physical aggression: aggressive or combative to self and others (for example, hits self, throws objects, punches, dangerous maneuvers with wheelchair or other objects) 5-Disruptive, infantile, or socially inappropriate behavior (excludes verbal actions) 6-Delusional, hallucinatory, or paranoid behavior 7-None of the above behaviors demonstrated	*	N
M1745	Frequency of Disruptive Behavior Symptoms (Reported or Observed). Any physical, verbal, or other disruptive/dangerous symptoms that are injurious to self or others or jeopardize personal safety.	00-Never 01-Less than once a month 02-Once a month 03-Several times each month 04-Several times a week 05-At least daily	*	N



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Assessment Item ID	Question Text	Response Code - Response Text	Item Use(s)	Changed since Last Assessment
M1100	Patient Living Situation: Which of the following best describes the patient's residential circumstance and availability of assistance? (Check one box only.)	01-{Patient/Resident/Person} lives alone, around the clock assistance available. 02-{Patient/Resident/Person} lives alone, regular daytime assistance available. 03-{Patient/Resident/Person} lives alone, regular nighttime assistance available. 04-{Patient/Resident/Person} lives alone, occasional / short-term assistance available. 05-{Patient/Resident/Person} lives alone, no assistance available. 06-{Patient/Resident/Person} lives with other person(s) in the home, around the clock assistance available. 07-{Patient/Resident/Person} lives with other person(s) in the home, regular daytime assistance available. 08-{Patient/Resident/Person} lives with other person(s) in the home, regular nighttime assistance available. 09-{Patient/Resident/Person} lives with other person(s) in the home, occasional/short-term assistance available. 10-{Patient/Resident/Person} lives with other person(s) in the home, no assistance available. 11-{Patient/Resident/Person} lives in congregate situation (for example, assisted living, residential care home), around the clock assistance available. 12-{Patient/Resident/Person} lives in congregate situation (for example, assisted living, residential care home), regular daytime assistance available. 13-{Patient/Resident/Person} lives in congregate situation (for example, assisted living, residential care home), regular nighttime assistance available. 14-{Patient/Resident/Person} lives in congregate situation (for example, assisted living, residential care home), occasional / short-term assistance available. 15-{Patient/Resident/Person} lives in congregate situation (for example, assisted living, residential care home), no assistance available.	*	N
M2102	Types and Sources of Assistance. Determine the ability and willingness of non-agency caregivers (such as family members, friends, or privately paid caregivers) to provide assistance for the following activities, if assistance is needed. Excludes all care by your agency staff.	*	*	N



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M2102_A	ADL assistance (for example, transfer/ambulation, bathing, dressing, toileting, eating/feeding)	00-No assistance needed - {patient/resident/person} is independent or does not have needs in this area 01-Non-agency caregiver(s) currently provide assistance 02-Non-agency caregiver(s) need training/supportive services to provide assistance 03-Non-agency caregiver(s) are not likely to provide assistance OR it is unclear if they will provide assistance 04-Assistance needed, but no non-agency caregiver(s) available	*	N
M2102_C	Medication administration (for example, oral, inhaled or injectable)	00-No assistance needed - {patient/resident/person} is independent or does not have needs in this area 01-Non-agency caregiver(s) currently provide assistance 02-Non-agency caregiver(s) need training/supportive services to provide assistance 03-Non-agency caregiver(s) are not likely to provide assistance OR it is unclear if they will provide assistance 04-Assistance needed, but no non-agency caregiver(s) available	*	N
M2102_D	Medical procedures/treatments (for example, changing wound dressing, home exercise program)	00-No assistance needed - {patient/resident/person} is independent or does not have needs in this area 01-Non-agency caregiver(s) currently provide assistance 02-Non-agency caregiver(s) need training/supportive services to provide assistance 03-Non-agency caregiver(s) are not likely to provide assistance OR it is unclear if they will provide assistance 04-Assistance needed, but no non-agency caregiver(s) available	*	N
M2102_F	Supervision and safety (for example, due to cognitive impairment)	00-No assistance needed - {patient/resident/person} is independent or does not have needs in this area 01-Non-agency caregiver(s) currently provide assistance 02-Non-agency caregiver(s) need training/supportive services to provide assistance 03-Non-agency caregiver(s) are not likely to provide assistance OR it is unclear if they will provide assistance 04-Assistance needed, but no non-agency caregiver(s) available	*	N
M1800	Grooming. Current ability to tend safely to personal hygiene needs (specifically: washing face and hands, hair care, shaving or make up, teeth or denture care, or fingernail care).	00-Able to groom self unaided, with or without the use of assistive devices or adapted methods. 01-Grooming utensils must be placed within reach before able to complete grooming activities. 02-Someone must assist the {patient/resident/person} to groom self. 03-{Patient/Resident/Person} depends entirely upon someone else for grooming needs.	PDGM	N



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M1810	Current Ability to Dress Upper Body safely (with or without dressing aids) including undergarments, pullovers, front-opening shirts and blouses, managing zippers, buttons and snaps.	00-Able to get clothes out of closets and drawers, put them on and remove them from the upper body without assistance. 01-Able to dress upper body without assistance if clothing is laid out or handed to the {patient/resident/person}. 02-Someone must help the {patient/resident/person} put on upper body clothing. 03-{Patient/Resident/Person} depends entirely upon another person to dress the upper body.	PDGM	N
M1820	Current Ability to Dress Lower Body safely (with or without dressing aids) including undergarments, slacks, socks or nylons, shoes.	00-Able to obtain, put on, and remove clothing and shoes without assistance. 01-Able to dress lower body without assistance if clothing and shoes are laid out or handed to the {patient/resident/person}. 02-Someone must help the {patient/resident/person} put on undergarments, slacks, socks or nylons, and shoes. 03-{Patient/Resident/Person} depends entirely upon another person to dress lower body.	PDGM	N
M1830	Bathing. Current ability to wash entire body safely. Excludes grooming (washing face, washing hands, and shampooing hair).	00-Able to bathe self in shower or tub independently, including getting in and out of tub/shower. 01-With the use of devices, is able to bathe self in shower or tub independently, including getting in and out of the tub/shower. 02-Able to bathe in shower or tub with the intermittent assistance of another person: (a) for intermittent supervision or encouragement or reminders, OR (b) to get in and out of the shower or tub, OR (c) for washing difficult to reach areas. 03-Able to participate in bathing self in shower or tub, but requires presence of another person throughout the bath for assistance or supervision. 04-Unable to use the shower or tub, but able to bathe self independently with or without the use of devices at the sink, in chair, or on commode. 05-Unable to use the shower or tub, but able to participate in bathing self in bed, at the sink, in bedside chair, or on commode, with the assistance or supervision of another person. 06-Unable to participate effectively in bathing and is bathed totally by another person.	PDGM	N
M1840	Toilet Transferring. Current ability to get to and from the toilet or bedside commode safely and transfer on and off toilet/commode.	00-Able to get to and from the toilet and transfer independently with or without a device. 01-When reminded, assisted, or supervised by another person, able to get to and from the toilet and transfer. 02-Unable to get to and from the toilet but is able to use a bedside commode (with or without assistance). 03-Unable to get to and from the toilet or bedside commode but is able to use a bedpan/urinal independently. 04-Is totally dependent in toileting.	PDGM	N



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Assessment Item ID	Question Text	Response Code - Response Text	Item Use(s)	Changed since Last Assessment
M1845	Toileting Hygiene. Current ability to maintain perineal hygiene safely, adjust clothes and/or incontinence pads before and after using toilet, commode, bedpan, urinal. If managing ostomy, includes cleaning area around stoma, but not managing equipment.	00-Able to manage toileting hygiene and clothing management without assistance. 01-Able to manage toileting hygiene and clothing management without assistance if supplies/implements are laid out for the {patient/resident/person}. 02-Someone must help the {patient/resident/person} to maintain toileting hygiene and/or adjust clothing. 03-{Patient/Resident/Person} depends entirely upon another person to maintain toileting hygiene.	*	N
M1850	Transferring: Current ability to move safely from bed to chair, or ability to turn and position self in bed if patient is bedfast.	00-Able to independently transfer. 01-Able to transfer with minimal human assistance or with use of an assistive device. 02-Able to bear weight and pivot during the transfer process but unable to transfer self. 03-Unable to transfer self and is unable to bear weight or pivot when transferred by another person. 04-Bedfast, unable to transfer but is able to turn and position self in bed. 05-Bedfast, unable to transfer and is unable to turn and position self.	PDGM	N
M1860	Ambulation/Locomotion. Current ability to walk safely, once in a standing position, or use a wheelchair, once in a seated position, on a variety of surfaces.	00-Able to independently walk on even and uneven surfaces and negotiate stairs with or without railings (specifically: needs no human assistance or assistive device). 01-With the use of a one-handed device (for example, cane, single crutch, hemi-walker), able to independently walk on even and uneven surfaces and negotiate stairs with or without railings. 02-Requires use of a two-handed device (for example, walker or crutches) to walk alone on a level surface and/or requires human supervision or assistance to negotiate stairs or steps or uneven surfaces. 03-Able to walk only with the supervision or assistance of another person at all times. 04-Chairfast, unable to ambulate but is able to wheel self independently. 05-Chairfast, unable to ambulate and is unable to wheel self. 06-Bedfast, unable to ambulate or be up in a chair.	PDGM	N
GG0100	Prior Functioning: Everyday Activities. Indicate the patient's usual ability with everyday activities prior to the current illness, exacerbation, or injury	*	*	N





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GG0100A	Self-Care: Code the patient's need for assistance with bathing, dressing, using the toilet, and eating prior to the current illness, exacerbation, or injury.	1-Dependent - A helper completed all the activities for the {patient/resident/person}. 2-Needed Some Help - {Patient/Resident/Person} needed partial assistance from another person to complete any activities. 3-Independent - {Patient/Resident/Person} completed all the activities by themselves, with or without an assistive device, with no assistance from a helper. 8-Unknown 9-Not Applicable --Not assessed/no information	QM	Y
GG0100B	Indoor Mobility (Ambulation): Code the patient's need for assistance with walking from room to room (with or without a device such as cane, crutch, or walker) prior to the current illness, exacerbation, or injury.	1-Dependent - A helper completed all the activities for the {patient/resident/person}. 2-Needed Some Help - {Patient/Resident/Person} needed partial assistance from another person to complete any activities. 3-Independent - {Patient/Resident/Person} completed all the activities by themselves, with or without an assistive device, with no assistance from a helper. 8-Unknown 9-Not Applicable --Not assessed/no information	QM	Y
GG0100C	Stairs: Code the patient's need for assistance with internal or external stairs (with or without a device such as cane, crutch or walker) prior to the current illness, exacerbation, or injury.	1-Dependent - A helper completed all the activities for the {patient/resident/person}. 2-Needed Some Help - {Patient/Resident/Person} needed partial assistance from another person to complete any activities. 3-Independent - {Patient/Resident/Person} completed all the activities by themselves, with or without an assistive device, with no assistance from a helper. 8-Unknown 9-Not Applicable --Not assessed/no information	QM	Y
GG0100D	Functional Cognition: Code the patient's need for assistance with planning regular tasks, such as shopping or remembering to take medication prior to the current illness, exacerbation, or injury.	1-Dependent - A helper completed all the activities for the {patient/resident/person}. 2-Needed Some Help - {Patient/Resident/Person} needed partial assistance from another person to complete any activities. 3-Independent - {Patient/Resident/Person} completed all the activities by themselves, with or without an assistive device, with no assistance from a helper. 8-Unknown 9-Not Applicable --Not assessed/no information	QM	Y



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GG0110	Prior Device Use. Indicate devices and aids used by the patient prior to the current illness, exacerbation, or injury: Check all that apply	A-Manual wheelchair B-Motorized wheelchair and/or scooter C-Mechanical lift D-Walker E-Orthotics/Prosthetics --Not assessed/no information Z-None of the above	QM	N
GG0130	Self-Care	*	*	N
GG0130_1	Self-Care. Code the patient's usual performance at SOC/ROC for each activity using the 6-point scale. If activity was not attempted at SOC/ROC, code the reason.	*	*	N
GG0130_2	Self-Care. Code the patient's discharge goal(s) using the 6-point scale. Use of codes 07, 09, 10, or 88 is permissible to code discharge goal(s).	*	*	N



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GG0130A1	Eating: The ability to use suitable utensils to bring food and/or liquid to the mouth and swallow food and/or liquid once the meal is placed before the patient. - Admission Performance	01-Dependent - Helper does ALL of the effort. {Patient/Resident/Person} does none of the effort to complete the activity. Or, the assistance of 2 or more helpers is required for the {patient/resident/person} to complete the activity. 02-Substantial/maximal assistance - Helper does MORE THAN HALF the effort. Helper lifts or holds trunk or limbs and provides more than half the effort. 03-Partial/moderate assistance - Helper does LESS THAN HALF the effort. Helper lifts, holds or supports trunk or limbs, but provides less than half the effort. 04-Supervision or touching assistance - Helper provides verbal cues and/or touching/steadying and/or contact guard assistance as {patient/resident/person} completes activity. Assistance may be provided throughout the activity or intermittently. 05-Setup or clean-up assistance - Helper sets up or cleans up; {patient/resident/person} completes activity. Helper assists only prior to or following the activity. 06-Independent - {Patient/Resident/Person} completes the activity by {him/herself/themself} with no assistance from a helper. 07-{Patient/Resident/Person} refused 09-Not applicable - Not attempted and the {patient/resident/person} did not perform this activity prior to the current illness, exacerbation, or injury. 10-Not attempted due to environmental limitations (e.g., lack of equipment, weather constraints) 11-Not applicable - {Patient/Resident/Person} does not usually do this activity. 88-Not attempted due to medical condition or safety concerns 90-Not attempted due to short-term medical conditions or safety concerns. --Not assessed/no information	QM	Y



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GG0130A2	Eating: The ability to use suitable utensils to bring food and/or liquid to the mouth and swallow food and/or liquid once the meal is placed before the patient. - Discharge Goal	01-Dependent - Helper does ALL of the effort. {Patient/Resident/Person} does none of the effort to complete the activity. Or, the assistance of 2 or more helpers is required for the {patient/resident/person} to complete the activity. 02-Substantial/maximal assistance - Helper does MORE THAN HALF the effort. Helper lifts or holds trunk or limbs and provides more than half the effort. 03-Partial/moderate assistance - Helper does LESS THAN HALF the effort. Helper lifts, holds or supports trunk or limbs, but provides less than half the effort. 04-Supervision or touching assistance - Helper provides verbal cues and/or touching/steadying and/or contact guard assistance as {patient/resident/person} completes activity. Assistance may be provided throughout the activity or intermittently. 05-Setup or clean-up assistance - Helper sets up or cleans up; {patient/resident/person} completes activity. Helper assists only prior to or following the activity. 06-Independent - {Patient/Resident/Person} completes the activity by {him/herself/themself} with no assistance from a helper. 07-{Patient/Resident/Person} refused 09-Not applicable - Not attempted and the {patient/resident/person} did not perform this activity prior to the current illness, exacerbation, or injury. 10-Not attempted due to environmental limitations (e.g., lack of equipment, weather constraints) 11-Not applicable - {Patient/Resident/Person} does not usually do this activity. 88-Not attempted due to medical condition or safety concerns 90-Not attempted due to short-term medical condition or safety concerns --Not assessed/no information	QM	Y



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Assessment Item ID	Question Text	Response Code - Response Text	Item Use(s)	Changed since Last Assessment
GG0130B1	Oral hygiene: The ability to use suitable items to clean teeth. Dentures (if applicable): The ability to insert and remove dentures into and from the mouth, and manage denture soaking and rinsing with use of equipment. - Admission Performance	01-Dependent - Helper does ALL of the effort. {Patient/Resident/Person} does none of the effort to complete the activity. Or, the assistance of 2 or more helpers is required for the {patient/resident/person} to complete the activity. 02-Substantial/maximal assistance - Helper does MORE THAN HALF the effort. Helper lifts or holds trunk or limbs and provides more than half the effort. 03-Partial/moderate assistance - Helper does LESS THAN HALF the effort. Helper lifts, holds or supports trunk or limbs, but provides less than half the effort. 04-Supervision or touching assistance - Helper provides verbal cues and/or touching/steadying and/or contact guard assistance as {patient/resident/person} completes activity. Assistance may be provided throughout the activity or intermittently. 05-Setup or clean-up assistance - Helper sets up or cleans up; {patient/resident/person} completes activity. Helper assists only prior to or following the activity. 06-Independent - {Patient/Resident/Person} completes the activity by {him/herself/themself} with no assistance from a helper. 07-{Patient/Resident/Person} refused 09-Not applicable - Not attempted and the {patient/resident/person} did not perform this activity prior to the current illness, exacerbation, or injury. 10-Not attempted due to environmental limitations (e.g., lack of equipment, weather constraints) 11-Not applicable - {Patient/Resident/Person} does not usually do this activity. 88-Not attempted due to medical condition or safety concerns 90-Not attempted due to short-term medical conditions or safety concerns. --Not assessed/no information	QM	Y



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GG0130B2	Oral hygiene: The ability to use suitable items to clean teeth. Dentures (if applicable): The ability to insert and remove dentures into and from the mouth, and manage denture soaking and rinsing with use of equipment. - Discharge Goal	01-Dependent - Helper does ALL of the effort. {Patient/Resident/Person} does none of the effort to complete the activity. Or, the assistance of 2 or more helpers is required for the {patient/resident/person} to complete the activity. 02-Substantial/maximal assistance - Helper does MORE THAN HALF the effort. Helper lifts or holds trunk or limbs and provides more than half the effort. 03-Partial/moderate assistance - Helper does LESS THAN HALF the effort. Helper lifts, holds or supports trunk or limbs, but provides less than half the effort. 04-Supervision or touching assistance - Helper provides verbal cues and/or touching/steadying and/or contact guard assistance as {patient/resident/person} completes activity. Assistance may be provided throughout the activity or intermittently. 05-Setup or clean-up assistance - Helper sets up or cleans up; {patient/resident/person} completes activity. Helper assists only prior to or following the activity. 06-Independent - {Patient/Resident/Person} completes the activity by {him/herself/themself} with no assistance from a helper. 07-{Patient/Resident/Person} refused 09-Not applicable - Not attempted and the {patient/resident/person} did not perform this activity prior to the current illness, exacerbation, or injury. 10-Not attempted due to environmental limitations (e.g., lack of equipment, weather constraints) 11-Not applicable - {Patient/Resident/Person} does not usually do this activity. 88-Not attempted due to medical condition or safety concerns 90-Not attempted due to short-term medical conditions or safety concerns. --Not assessed/no information	QM	Y



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GG0130C1	Toileting hygiene: The ability to maintain perineal hygiene, adjust clothes before and after voiding or having a bowel movement. If managing an ostomy, include wiping the opening but not managing equipment. - Admission Performance	01-Dependent - Helper does ALL of the effort. {Patient/Resident/Person} does none of the effort to complete the activity. Or, the assistance of 2 or more helpers is required for the {patient/resident/person} to complete the activity. 02-Substantial/maximal assistance - Helper does MORE THAN HALF the effort. Helper lifts or holds trunk or limbs and provides more than half the effort. 03-Partial/moderate assistance - Helper does LESS THAN HALF the effort. Helper lifts, holds or supports trunk or limbs, but provides less than half the effort. 04-Supervision or touching assistance - Helper provides verbal cues and/or touching/steadying and/or contact guard assistance as {patient/resident/person} completes activity. Assistance may be provided throughout the activity or intermittently. 05-Setup or clean-up assistance - Helper sets up or cleans up; {patient/resident/person} completes activity. Helper assists only prior to or following the activity. 06-Independent - {Patient/Resident/Person} completes the activity by {him/herself/themself} with no assistance from a helper. 07-{Patient/Resident/Person} refused 09-Not applicable - Not attempted and the {patient/resident/person} did not perform this activity prior to the current illness, exacerbation, or injury. 10-Not attempted due to environmental limitations (e.g., lack of equipment, weather constraints) 11-Not applicable - {Patient/Resident/Person} does not usually do this activity. 88-Not attempted due to medical condition or safety concerns 90-Not attempted due to short-term medical conditions or safety concerns. --Not assessed/no information	QM	Y



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GG0130C2	Toileting hygiene: The ability to maintain perineal hygiene, adjust clothes before and after voiding or having a bowel movement. If managing an ostomy, include wiping the opening but not managing equipment. - Discharge Goal	01-Dependent - Helper does ALL of the effort. {Patient/Resident/Person} does none of the effort to complete the activity. Or, the assistance of 2 or more helpers is required for the {patient/resident/person} to complete the activity. 02-Substantial/maximal assistance - Helper does MORE THAN HALF the effort. Helper lifts or holds trunk or limbs and provides more than half the effort. 03-Partial/moderate assistance - Helper does LESS THAN HALF the effort. Helper lifts, holds or supports trunk or limbs, but provides less than half the effort. 04-Supervision or touching assistance - Helper provides verbal cues and/or touching/steadying and/or contact guard assistance as {patient/resident/person} completes activity. Assistance may be provided throughout the activity or intermittently. 05-Setup or clean-up assistance - Helper sets up or cleans up; {patient/resident/person} completes activity. Helper assists only prior to or following the activity. 06-Independent - {Patient/Resident/Person} completes the activity by {him/herself/themself} with no assistance from a helper. 07-{Patient/Resident/Person} refused 09-Not applicable - Not attempted and the {patient/resident/person} did not perform this activity prior to the current illness, exacerbation, or injury. 10-Not attempted due to environmental limitations (e.g., lack of equipment, weather constraints) 88-Not attempted due to medical condition or safety concerns 90-Not attempted due to short-term medical conditions or safety concerns. --Not assessed/no information	QM	Y





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Assessment Item ID	Question Text	Response Code - Response Text	Item Use(s)	Changed since Last Assessment
GG0130E1	Shower/bathe self: The ability to bathe self, including washing, rinsing, and drying self (excludes washing of back and hair). Does not include transferring in/out of tub/shower. - Admission Performance	01-Dependent - Helper does ALL of the effort. {Patient/Resident/Person} does none of the effort to complete the activity. Or, the assistance of 2 or more helpers is required for the {patient/resident/person} to complete the activity. 02-Substantial/maximal assistance - Helper does MORE THAN HALF the effort. Helper lifts or holds trunk or limbs and provides more than half the effort. 03-Partial/moderate assistance - Helper does LESS THAN HALF the effort. Helper lifts, holds or supports trunk or limbs, but provides less than half the effort. 04-Supervision or touching assistance - Helper provides verbal cues and/or touching/steadying and/or contact guard assistance as {patient/resident/person} completes activity. Assistance may be provided throughout the activity or intermittently. 05-Setup or clean-up assistance - Helper sets up or cleans up; {patient/resident/person} completes activity. Helper assists only prior to or following the activity. 06-Independent - {Patient/Resident/Person} completes the activity by {him/herself/themself} with no assistance from a helper. 07-{Patient/Resident/Person} refused 09-Not applicable - Not attempted and the {patient/resident/person} did not perform this activity prior to the current illness, exacerbation, or injury. 10-Not attempted due to environmental limitations (e.g., lack of equipment, weather constraints) 11-Not applicable - {Patient/Resident/Person} does not usually do this activity. 88-Not attempted due to medical condition or safety concerns 90-Not attempted due to short-term medical conditions or safety concerns. --Not assessed/no information	QM	Y



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GG0130E2	Shower/bathe self: The ability to bathe self, including washing, rinsing, and drying self (excludes washing of back and hair). Does not include transferring in/out of tub/shower. - Discharge Goal	01-Dependent - Helper does ALL of the effort. {Patient/Resident/Person} does none of the effort to complete the activity. Or, the assistance of 2 or more helpers is required for the {patient/resident/person} to complete the activity. 02-Substantial/maximal assistance - Helper does MORE THAN HALF the effort. Helper lifts or holds trunk or limbs and provides more than half the effort. 03-Partial/moderate assistance - Helper does LESS THAN HALF the effort. Helper lifts, holds or supports trunk or limbs, but provides less than half the effort. 04-Supervision or touching assistance - Helper provides verbal cues and/or touching/steadying and/or contact guard assistance as {patient/resident/person} completes activity. Assistance may be provided throughout the activity or intermittently. 05-Setup or clean-up assistance - Helper sets up or cleans up; {patient/resident/person} completes activity. Helper assists only prior to or following the activity. 06-Independent - {Patient/Resident/Person} completes the activity by {him/herself/themself} with no assistance from a helper. 07-{Patient/Resident/Person} refused 09-Not applicable - Not attempted and the {patient/resident/person} did not perform this activity prior to the current illness, exacerbation, or injury. 10-Not attempted due to environmental limitations (e.g., lack of equipment, weather constraints) 11-Not applicable - {Patient/Resident/Person} does not usually do this activity. 88-Not attempted due to medical condition or safety concerns 90-Not attempted due to short-term medical conditions or safety concerns. --Not assessed/no information	*	Y



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GG0130F1	Upper body dressing: The ability to dress and undress above the waist; including fasteners, if applicable. - Admission Performance	01-Dependent - Helper does ALL of the effort. {Patient/Resident/Person} does none of the effort to complete the activity. Or, the assistance of 2 or more helpers is required for the {patient/resident/person} to complete the activity. 02-Substantial/maximal assistance - Helper does MORE THAN HALF the effort. Helper lifts or holds trunk or limbs and provides more than half the effort. 03-Partial/moderate assistance - Helper does LESS THAN HALF the effort. Helper lifts, holds or supports trunk or limbs, but provides less than half the effort. 04-Supervision or touching assistance - Helper provides verbal cues and/or touching/steadying and/or contact guard assistance as {patient/resident/person} completes activity. Assistance may be provided throughout the activity or intermittently. 05-Setup or clean-up assistance - Helper sets up or cleans up; {patient/resident/person} completes activity. Helper assists only prior to or following the activity. 06-Independent - {Patient/Resident/Person} completes the activity by {him/herself/themself} with no assistance from a helper. 07-{Patient/Resident/Person} refused 09-Not applicable - Not attempted and the {patient/resident/person} did not perform this activity prior to the current illness, exacerbation, or injury. 10-Not attempted due to environmental limitations (e.g., lack of equipment, weather constraints) 11-Not applicable - {Patient/Resident/Person} does not usually do this activity. 88-Not attempted due to medical condition or safety concerns 90-Not attempted due to short-term medical conditions or safety concerns. --Not assessed/no information	QM	Y



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GG0130F2	Upper body dressing: The ability to dress and undress above the waist; including fasteners, if applicable. - Discharge Goal	01-Dependent - Helper does ALL of the effort. {Patient/Resident/Person} does none of the effort to complete the activity. Or, the assistance of 2 or more helpers is required for the {patient/resident/person} to complete the activity. 02-Substantial/maximal assistance - Helper does MORE THAN HALF the effort. Helper lifts or holds trunk or limbs and provides more than half the effort. 03-Partial/moderate assistance - Helper does LESS THAN HALF the effort. Helper lifts, holds or supports trunk or limbs, but provides less than half the effort. 04-Supervision or touching assistance - Helper provides verbal cues and/or touching/steadying and/or contact guard assistance as {patient/resident/person} completes activity. Assistance may be provided throughout the activity or intermittently. 05-Setup or clean-up assistance - Helper sets up or cleans up; {patient/resident/person} completes activity. Helper assists only prior to or following the activity. 06-Independent - {Patient/Resident/Person} completes the activity by {him/herself/themself} with no assistance from a helper. 07-{Patient/Resident/Person} refused 09-Not applicable - Not attempted and the {patient/resident/person} did not perform this activity prior to the current illness, exacerbation, or injury. 10-Not attempted due to environmental limitations (e.g., lack of equipment, weather constraints) 11-Not applicable - {Patient/Resident/Person} does not usually do this activity. 88-Not attempted due to medical condition or safety concerns 90-Not attempted due to short-term medical conditions or safety concerns. --Not assessed/no information	*	Y



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Assessment Item ID	Question Text	Response Code - Response Text	Item Use(s)	Changed since Last Assessment
GG0130G1	Lower body dressing: The ability to dress and undress below the waist, including fasteners; does not include footwear. - Admission Performance	01-Dependent - Helper does ALL of the effort. {Patient/Resident/Person} does none of the effort to complete the activity. Or, the assistance of 2 or more helpers is required for the {patient/resident/person} to complete the activity. 02-Substantial/maximal assistance - Helper does MORE THAN HALF the effort. Helper lifts or holds trunk or limbs and provides more than half the effort. 03-Partial/moderate assistance - Helper does LESS THAN HALF the effort. Helper lifts, holds or supports trunk or limbs, but provides less than half the effort. 04-Supervision or touching assistance - Helper provides verbal cues and/or touching/steadying and/or contact guard assistance as {patient/resident/person} completes activity. Assistance may be provided throughout the activity or intermittently. 05-Setup or clean-up assistance - Helper sets up or cleans up; {patient/resident/person} completes activity. Helper assists only prior to or following the activity. 06-Independent - {Patient/Resident/Person} completes the activity by {him/herself/themself} with no assistance from a helper. 07-{Patient/Resident/Person} refused 09-Not applicable - Not attempted and the {patient/resident/person} did not perform this activity prior to the current illness, exacerbation, or injury. 10-Not attempted due to environmental limitations (e.g., lack of equipment, weather constraints) 11-Not applicable - {Patient/Resident/Person} does not usually do this activity. 88-Not attempted due to medical condition or safety concerns 90-Not attempted due to short-term medical conditions or safety concerns. --Not assessed/no information	QM	Y



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Assessment Item ID	Question Text	Response Code - Response Text	Item Use(s)	Changed since Last Assessment
GG0130G2	Lower body dressing: The ability to dress and undress below the waist, including fasteners; does not include footwear. - Discharge Goal	01-Dependent - Helper does ALL of the effort. {Patient/Resident/Person} does none of the effort to complete the activity. Or, the assistance of 2 or more helpers is required for the {patient/resident/person} to complete the activity. 02-Substantial/maximal assistance - Helper does MORE THAN HALF the effort. Helper lifts or holds trunk or limbs and provides more than half the effort. 03-Partial/moderate assistance - Helper does LESS THAN HALF the effort. Helper lifts, holds or supports trunk or limbs, but provides less than half the effort. 04-Supervision or touching assistance - Helper provides verbal cues and/or touching/steadying and/or contact guard assistance as {patient/resident/person} completes activity. Assistance may be provided throughout the activity or intermittently. 05-Setup or clean-up assistance - Helper sets up or cleans up; {patient/resident/person} completes activity. Helper assists only prior to or following the activity. 06-Independent - {Patient/Resident/Person} completes the activity by {him/herself/themself} with no assistance from a helper. 07-{Patient/Resident/Person} refused 09-Not applicable - Not attempted and the {patient/resident/person} did not perform this activity prior to the current illness, exacerbation, or injury. 10-Not attempted due to environmental limitations (e.g., lack of equipment, weather constraints) 11-Not applicable - {Patient/Resident/Person} does not usually do this activity. 88-Not attempted due to medical condition or safety concerns 90-Not attempted due to short-term medical conditions or safety concerns. --Not assessed/no information	*	Y



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Assessment Item ID	Question Text	Response Code - Response Text	Item Use(s)	Changed since Last Assessment
GG0130H1	Putting on/taking off footwear: The ability to put on and take off socks and shoes or other footwear that is appropriate for safe mobility; including fasteners, if applicable. - Admission Performance	01-Dependent - Helper does ALL of the effort. {Patient/Resident/Person} does none of the effort to complete the activity. Or, the assistance of 2 or more helpers is required for the {patient/resident/person} to complete the activity. 02-Substantial/maximal assistance - Helper does MORE THAN HALF the effort. Helper lifts or holds trunk or limbs and provides more than half the effort. 03-Partial/moderate assistance - Helper does LESS THAN HALF the effort. Helper lifts, holds or supports trunk or limbs, but provides less than half the effort. 04-Supervision or touching assistance - Helper provides verbal cues and/or touching/steadying and/or contact guard assistance as {patient/resident/person} completes activity. Assistance may be provided throughout the activity or intermittently. 05-Setup or clean-up assistance - Helper sets up or cleans up; {patient/resident/person} completes activity. Helper assists only prior to or following the activity. 06-Independent - {Patient/Resident/Person} completes the activity by {him/herself/themself} with no assistance from a helper. 07-{Patient/Resident/Person} refused 09-Not applicable - Not attempted and the {patient/resident/person} did not perform this activity prior to the current illness, exacerbation, or injury. 10-Not attempted due to environmental limitations (e.g., lack of equipment, weather constraints) 11-Not applicable - {Patient/Resident/Person} does not usually do this activity. 88-Not attempted due to medical condition or safety concerns 90-Not attempted due to short-term medical conditions or safety concerns. --Not assessed/no information	QM	Y



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Assessment Item ID	Question Text	Response Code - Response Text	Item Use(s)	Changed since Last Assessment
GG0130H2	Putting on/taking off footwear: The ability to put on and take off socks and shoes or other footwear that is appropriate for safe mobility; including fasteners, if applicable. - Discharge Goal	01-Dependent - Helper does ALL of the effort. {Patient/Resident/Person} does none of the effort to complete the activity. Or, the assistance of 2 or more helpers is required for the {patient/resident/person} to complete the activity. 02-Substantial/maximal assistance - Helper does MORE THAN HALF the effort. Helper lifts or holds trunk or limbs and provides more than half the effort. 03-Partial/moderate assistance - Helper does LESS THAN HALF the effort. Helper lifts, holds or supports trunk or limbs, but provides less than half the effort. 04-Supervision or touching assistance - Helper provides verbal cues and/or touching/steadying and/or contact guard assistance as {patient/resident/person} completes activity. Assistance may be provided throughout the activity or intermittently. 05-Setup or clean-up assistance - Helper sets up or cleans up; {patient/resident/person} completes activity. Helper assists only prior to or following the activity. 06-Independent - {Patient/Resident/Person} completes the activity by {him/herself/themself} with no assistance from a helper. 07-{Patient/Resident/Person} refused 09-Not applicable - Not attempted and the {patient/resident/person} did not perform this activity prior to the current illness, exacerbation, or injury. 10-Not attempted due to environmental limitations (e.g., lack of equipment, weather constraints) 11-Not applicable - {Patient/Resident/Person} does not usually do this activity. 88-Not attempted due to medical condition or safety concerns 90-Not attempted due to short-term medical conditions or safety concerns. --Not assessed/no information	*	Y
GG0130_4	Self-Care. Code the patient's usual performance at Follow-Up for each activity using the 6-point scale. If activity was not attempted at Follow-Up code the reason.	*	*	N





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Assessment Item ID	Question Text	Response Code - Response Text	Item Use(s)	Changed since Last Assessment
GG0130A4	Eating: The ability to use suitable utensils to bring food and/or liquid to the mouth and swallow food and/or liquid once the meal is placed before the patient. - Follow-up Performance	01-Dependent - Helper does ALL of the effort. {Patient/Resident/Person} does none of the effort to complete the activity. Or, the assistance of 2 or more helpers is required for the {patient/resident/person} to complete the activity. 02-Substantial/maximal assistance - Helper does MORE THAN HALF the effort. Helper lifts or holds trunk or limbs and provides more than half the effort. 03-Partial/moderate assistance - Helper does LESS THAN HALF the effort. Helper lifts, holds or supports trunk or limbs, but provides less than half the effort. 04-Supervision or touching assistance - Helper provides verbal cues and/or touching/steadying and/or contact guard assistance as {patient/resident/person} completes activity. Assistance may be provided throughout the activity or intermittently. 05-Setup or clean-up assistance - Helper sets up or cleans up; {patient/resident/person} completes activity. Helper assists only prior to or following the activity. 06-Independent - {Patient/Resident/Person} completes the activity by {him/herself/themself} with no assistance from a helper. 07-{Patient/Resident/Person} refused 09-Not applicable - Not attempted and the {patient/resident/person} did not perform this activity prior to the current illness, exacerbation, or injury. 10-Not attempted due to environmental limitations (e.g., lack of equipment, weather constraints) 11-Not applicable - {Patient/Resident/Person} does not usually do this activity. 88-Not attempted due to medical condition or safety concerns 90-Not attempted due to short-term medical conditions or safety concerns. --Not assessed/no information	QM	Y



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Assessment Item ID	Question Text	Response Code - Response Text	Item Use(s)	Changed since Last Assessment
GG0130B4	Oral Hygiene: The ability to use suitable items to clean teeth. Dentures (if applicable): The ability to insert and remove dentures into and from the mouth, and manage denture soaking and rinsing with use of equipment. - Follow-up Performance	01-Dependent - Helper does ALL of the effort. {Patient/Resident/Person} does none of the effort to complete the activity. Or, the assistance of 2 or more helpers is required for the {patient/resident/person} to complete the activity. 02-Substantial/maximal assistance - Helper does MORE THAN HALF the effort. Helper lifts or holds trunk or limbs and provides more than half the effort. 03-Partial/moderate assistance - Helper does LESS THAN HALF the effort. Helper lifts, holds or supports trunk or limbs, but provides less than half the effort. 04-Supervision or touching assistance - Helper provides verbal cues and/or touching/steadying and/or contact guard assistance as {patient/resident/person} completes activity. Assistance may be provided throughout the activity or intermittently. 05-Setup or clean-up assistance - Helper sets up or cleans up; {patient/resident/person} completes activity. Helper assists only prior to or following the activity. 06-Independent - {Patient/Resident/Person} completes the activity by {him/herself/themself} with no assistance from a helper. 07-{Patient/Resident/Person} refused 09-Not applicable - Not attempted and the {patient/resident/person} did not perform this activity prior to the current illness, exacerbation, or injury. 10-Not attempted due to environmental limitations (e.g., lack of equipment, weather constraints) 11-Not applicable - {Patient/Resident/Person} does not usually do this activity. 88-Not attempted due to medical condition or safety concerns 90-Not attempted due to short-term medical conditions or safety concerns. --Not assessed/no information	QM	Y



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Assessment Item ID	Question Text	Response Code - Response Text	Item Use(s)	Changed since Last Assessment
GG0130C4	Toileting Hygiene: The ability to maintain perineal hygiene, adjust clothes before and after voiding or having a bowel movement. If managing an ostomy, include wiping the opening but not managing equipment. - Follow-up Performance	01-Dependent - Helper does ALL of the effort. {Patient/Resident/Person} does none of the effort to complete the activity. Or, the assistance of 2 or more helpers is required for the {patient/resident/person} to complete the activity. 02-Substantial/maximal assistance - Helper does MORE THAN HALF the effort. Helper lifts or holds trunk or limbs and provides more than half the effort. 03-Partial/moderate assistance - Helper does LESS THAN HALF the effort. Helper lifts, holds or supports trunk or limbs, but provides less than half the effort. 04-Supervision or touching assistance - Helper provides verbal cues and/or touching/steadying and/or contact guard assistance as {patient/resident/person} completes activity. Assistance may be provided throughout the activity or intermittently. 05-Setup or clean-up assistance - Helper sets up or cleans up; {patient/resident/person} completes activity. Helper assists only prior to or following the activity. 06-Independent - {Patient/Resident/Person} completes the activity by {him/herself/themself} with no assistance from a helper. 07-{Patient/Resident/Person} refused 09-Not applicable - Not attempted and the {patient/resident/person} did not perform this activity prior to the current illness, exacerbation, or injury. 10-Not attempted due to environmental limitations (e.g., lack of equipment, weather constraints) 11-Not applicable - {Patient/Resident/Person} does not usually do this activity. 88-Not attempted due to medical condition or safety concerns 90-Not attempted due to short-term medical conditions or safety concerns. --Not assessed/no information	QM	Y
GG0130E4	Shower/bathe self: The ability to bathe self, including washing, rinsing, and drying self (excludes washing of back and hair). Does not include transferring in/out of tub/shower.	*	QM	N
GG0130F4	Upper body dressing: The ability to dress and undress above the waist; including fasteners, if applicable.	*	QM	N
GG0130G4	Lower body dressing: The ability to dress and undress below the waist, including fasteners; does not include footwear	*	QM	N



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Assessment Item ID	Question Text	Response Code - Response Text	Item Use(s)	Changed since Last Assessment
GG0130H4	Putting on/taking off footwear: The ability to put on and take off socks and shoes or other footwear that is appropriate for safe mobility; including fasteners, if applicable.	*	QM	N
GG0130_3	Self-Care. Code the patient's usual performance at discharge for each activity using the 6-point scale. If any activity was not attempted at discharge, code the reason.	*	*	N
GG0130A3	Eating: The ability to use suitable utensils to bring food and/or liquid to the mouth and swallow food and/or liquid once the meal is placed before the patient. - Discharge Performance	01-Dependent - Helper does ALL of the effort. {Patient/Resident/Person} does none of the effort to complete the activity. Or, the assistance of 2 or more helpers is required for the {patient/resident/person} to complete the activity. 02-Substantial/maximal assistance - Helper does MORE THAN HALF the effort. Helper lifts or holds trunk or limbs and provides more than half the effort. 03-Partial/moderate assistance - Helper does LESS THAN HALF the effort. Helper lifts, holds or supports trunk or limbs, but provides less than half the effort. 04-Supervision or touching assistance - Helper provides verbal cues and/or touching/steadying and/or contact guard assistance as {patient/resident/person} completes activity. Assistance may be provided throughout the activity or intermittently. 05-Setup or clean-up assistance - Helper sets up or cleans up; {patient/resident/person} completes activity. Helper assists only prior to or following the activity. 06-Independent - {Patient/Resident/Person} completes the activity by {him/herself/themself} with no assistance from a helper. 07-{Patient/Resident/Person} refused 09-Not applicable - Not attempted and the {patient/resident/person} did not perform this activity prior to the current illness, exacerbation, or injury. 10-Not attempted due to environmental limitations (e.g., lack of equipment, weather constraints) 11-Not applicable - {Patient/Resident/Person} does not usually do this activity. 88-Not attempted due to medical condition or safety concerns 90-Not attempted due to short-term medical conditions or safety concerns. --Not assessed/no information	QM	Y



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Assessment Item ID	Question Text	Response Code - Response Text	Item Use(s)	Changed since Last Assessment
GG0130B3	Oral hygiene: The ability to use suitable items to clean teeth. Dentures (if applicable): The ability to insert and remove dentures into and from the mouth, and manage denture soaking and rinsing with use of equipment. - Discharge Performance	01-Dependent - Helper does ALL of the effort. {Patient/Resident/Person} does none of the effort to complete the activity. Or, the assistance of 2 or more helpers is required for the {patient/resident/person} to complete the activity. 02-Substantial/maximal assistance - Helper does MORE THAN HALF the effort. Helper lifts or holds trunk or limbs and provides more than half the effort. 03-Partial/moderate assistance - Helper does LESS THAN HALF the effort. Helper lifts, holds or supports trunk or limbs, but provides less than half the effort. 04-Supervision or touching assistance - Helper provides verbal cues and/or touching/steadying and/or contact guard assistance as {patient/resident/person} completes activity. Assistance may be provided throughout the activity or intermittently. 05-Setup or clean-up assistance - Helper sets up or cleans up; {patient/resident/person} completes activity. Helper assists only prior to or following the activity. 06-Independent - {Patient/Resident/Person} completes the activity by {him/herself/themself} with no assistance from a helper. 07-{Patient/Resident/Person} refused 09-Not applicable - Not attempted and the {patient/resident/person} did not perform this activity prior to the current illness, exacerbation, or injury. 10-Not attempted due to environmental limitations (e.g., lack of equipment, weather constraints) 11-Not applicable - {Patient/Resident/Person} does not usually do this activity. 88-Not attempted due to medical condition or safety concerns 90-Not attempted due to short-term medical conditions or safety concerns. --Not assessed/no information	QM	Y



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Assessment Item ID	Question Text	Response Code - Response Text	Item Use(s)	Changed since Last Assessment
GG0130C3	Toileting hygiene: The ability to maintain perineal hygiene, adjust clothes before and after voiding or having a bowel movement. If managing an ostomy, include wiping the opening but not managing equipment. - Discharge Performance	01-Dependent - Helper does ALL of the effort. {Patient/Resident/Person} does none of the effort to complete the activity. Or, the assistance of 2 or more helpers is required for the {patient/resident/person} to complete the activity. 02-Substantial/maximal assistance - Helper does MORE THAN HALF the effort. Helper lifts or holds trunk or limbs and provides more than half the effort. 03-Partial/moderate assistance - Helper does LESS THAN HALF the effort. Helper lifts, holds or supports trunk or limbs, but provides less than half the effort. 04-Supervision or touching assistance - Helper provides verbal cues and/or touching/steadying and/or contact guard assistance as {patient/resident/person} completes activity. Assistance may be provided throughout the activity or intermittently. 05-Setup or clean-up assistance - Helper sets up or cleans up; {patient/resident/person} completes activity. Helper assists only prior to or following the activity. 06-Independent - {Patient/Resident/Person} completes the activity by {him/herself/themself} with no assistance from a helper. 07-{Patient/Resident/Person} refused 09-Not applicable - Not attempted and the {patient/resident/person} did not perform this activity prior to the current illness, exacerbation, or injury. 10-Not attempted due to environmental limitations (e.g., lack of equipment, weather constraints) 11-Not applicable - {Patient/Resident/Person} does not usually do this activity. 88-Not attempted due to medical condition or safety concerns 90-Not attempted due to short-term medical conditions or safety concerns. --Not assessed/no information	QM	Y



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Assessment Item ID	Question Text	Response Code - Response Text	Item Use(s)	Changed since Last Assessment
GG0130E3	Shower/bathe self: The ability to bathe self, including washing, rinsing, and drying self (excludes washing of back and hair). Does not include transferring in/out of tub/shower. - Discharge Performance	01-Dependent - Helper does ALL of the effort. {Patient/Resident/Person} does none of the effort to complete the activity. Or, the assistance of 2 or more helpers is required for the {patient/resident/person} to complete the activity. 02-Substantial/maximal assistance - Helper does MORE THAN HALF the effort. Helper lifts or holds trunk or limbs and provides more than half the effort. 03-Partial/moderate assistance - Helper does LESS THAN HALF the effort. Helper lifts, holds or supports trunk or limbs, but provides less than half the effort. 04-Supervision or touching assistance - Helper provides verbal cues and/or touching/steadying and/or contact guard assistance as {patient/resident/person} completes activity. Assistance may be provided throughout the activity or intermittently. 05-Setup or clean-up assistance - Helper sets up or cleans up; {patient/resident/person} completes activity. Helper assists only prior to or following the activity. 06-Independent - {Patient/Resident/Person} completes the activity by {him/herself/themself} with no assistance from a helper. 07-{Patient/Resident/Person} refused 09-Not applicable - Not attempted and the {patient/resident/person} did not perform this activity prior to the current illness, exacerbation, or injury. 10-Not attempted due to environmental limitations (e.g., lack of equipment, weather constraints) 11-Not applicable - {Patient/Resident/Person} does not usually do this activity. 88-Not attempted due to medical condition or safety concerns 90-Not attempted due to short-term medical conditions or safety concerns. --Not assessed/no information	*	Y



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Assessment Item ID	Question Text	Response Code - Response Text	Item Use(s)	Changed since Last Assessment
GG0130F3	Upper body dressing: The ability to dress and undress above the waist; including fasteners, if applicable. - Discharge Performance	01-Dependent - Helper does ALL of the effort. {Patient/Resident/Person} does none of the effort to complete the activity. Or, the assistance of 2 or more helpers is required for the {patient/resident/person} to complete the activity. 02-Substantial/maximal assistance - Helper does MORE THAN HALF the effort. Helper lifts or holds trunk or limbs and provides more than half the effort. 03-Partial/moderate assistance - Helper does LESS THAN HALF the effort. Helper lifts, holds or supports trunk or limbs, but provides less than half the effort. 04-Supervision or touching assistance - Helper provides verbal cues and/or touching/steadying and/or contact guard assistance as {patient/resident/person} completes activity. Assistance may be provided throughout the activity or intermittently. 05-Setup or clean-up assistance - Helper sets up or cleans up; {patient/resident/person} completes activity. Helper assists only prior to or following the activity. 06-Independent - {Patient/Resident/Person} completes the activity by {him/herself/themself} with no assistance from a helper. 07-{Patient/Resident/Person} refused 09-Not applicable - Not attempted and the {patient/resident/person} did not perform this activity prior to the current illness, exacerbation, or injury. 10-Not attempted due to environmental limitations (e.g., lack of equipment, weather constraints) 11-Not applicable - {Patient/Resident/Person} does not usually do this activity. 88-Not attempted due to medical condition or safety concerns 90-Not attempted due to short-term medical conditions or safety concerns. --Not assessed/no information	*	Y





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Assessment Item ID	Question Text	Response Code - Response Text	Item Use(s)	Changed since Last Assessment
GG0130G3	Lower body dressing: The ability to dress and undress below the waist, including fasteners; does not include footwear. - Discharge Performance	01-Dependent - Helper does ALL of the effort. {Patient/Resident/Person} does none of the effort to complete the activity. Or, the assistance of 2 or more helpers is required for the {patient/resident/person} to complete the activity. 02-Substantial/maximal assistance - Helper does MORE THAN HALF the effort. Helper lifts or holds trunk or limbs and provides more than half the effort. 03-Partial/moderate assistance - Helper does LESS THAN HALF the effort. Helper lifts, holds or supports trunk or limbs, but provides less than half the effort. 04-Supervision or touching assistance - Helper provides verbal cues and/or touching/steadying and/or contact guard assistance as {patient/resident/person} completes activity. Assistance may be provided throughout the activity or intermittently. 05-Setup or clean-up assistance - Helper sets up or cleans up; {patient/resident/person} completes activity. Helper assists only prior to or following the activity. 06-Independent - {Patient/Resident/Person} completes the activity by {him/herself/themself} with no assistance from a helper. 07-{Patient/Resident/Person} refused 09-Not applicable - Not attempted and the {patient/resident/person} did not perform this activity prior to the current illness, exacerbation, or injury. 10-Not attempted due to environmental limitations (e.g., lack of equipment, weather constraints) 11-Not applicable - {Patient/Resident/Person} does not usually do this activity. 88-Not attempted due to medical condition or safety concerns 90-Not attempted due to short-term medical conditions or safety concerns. --Not assessed/no information	*	Y



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Assessment Item ID	Question Text	Response Code - Response Text	Item Use(s)	Changed since Last Assessment
GG0130H3	Putting on/taking off footwear: The ability to put on and take off socks and shoes or other footwear that is appropriate for safe mobility; including fasteners, if applicable. - Discharge Performance	01-Dependent - Helper does ALL of the effort. {Patient/Resident/Person} does none of the effort to complete the activity. Or, the assistance of 2 or more helpers is required for the {patient/resident/person} to complete the activity. 02-Substantial/maximal assistance - Helper does MORE THAN HALF the effort. Helper lifts or holds trunk or limbs and provides more than half the effort. 03-Partial/moderate assistance - Helper does LESS THAN HALF the effort. Helper lifts, holds or supports trunk or limbs, but provides less than half the effort. 04-Supervision or touching assistance - Helper provides verbal cues and/or touching/steadying and/or contact guard assistance as {patient/resident/person} completes activity. Assistance may be provided throughout the activity or intermittently. 05-Setup or clean-up assistance - Helper sets up or cleans up; {patient/resident/person} completes activity. Helper assists only prior to or following the activity. 06-Independent - {Patient/Resident/Person} completes the activity by {him/herself/themself} with no assistance from a helper. 07-{Patient/Resident/Person} refused 09-Not applicable - Not attempted and the {patient/resident/person} did not perform this activity prior to the current illness, exacerbation, or injury. 10-Not attempted due to environmental limitations (e.g., lack of equipment, weather constraints) 11-Not applicable - {Patient/Resident/Person} does not usually do this activity. 88-Not attempted due to medical condition or safety concerns 90-Not attempted due to short-term medical conditions or safety concerns. --Not assessed/no information	*	Y
GG0170	Mobility	*	*	N
GG0170_1	Mobility. Code the patient's usual performance at SOC/ROC for each activity using the 6-point scale. If activity was not attempted at SOC/ROC, code the reason.	*	*	N
GG0170_2	Mobility. Code the patient's discharge goal(s) using the 6-point scale. Use of codes 07, 09, 10, or 88 is permissible to code discharge goal(s).	*	*	N



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Assessment Item ID	Question Text	Response Code - Response Text	Item Use(s)	Changed since Last Assessment
GG0170A1	Roll left and right: The ability to roll from lying on back to left and right side, and return to lying on back on the bed. - Admission Performance	01-Dependent - Helper does ALL of the effort. {Patient/Resident/Person} does none of the effort to complete the activity. Or, the assistance of 2 or more helpers is required for the {patient/resident/person} to complete the activity. 02-Substantial/maximal assistance - Helper does MORE THAN HALF the effort. Helper lifts or holds trunk or limbs and provides more than half the effort. 03-Partial/moderate assistance - Helper does LESS THAN HALF the effort. Helper lifts, holds or supports trunk or limbs, but provides less than half the effort. 04-Supervision or touching assistance - Helper provides verbal cues and/or touching/steadying and/or contact guard assistance as {patient/resident/person} completes activity. Assistance may be provided throughout the activity or intermittently. 05-Setup or clean-up assistance - Helper sets up or cleans up; {patient/resident/person} completes activity. Helper assists only prior to or following the activity. 06-Independent - {Patient/Resident/Person} completes the activity by {him/herself/themself} with no assistance from a helper. 07-{Patient/Resident/Person} refused 09-Not applicable - Not attempted and the {patient/resident/person} did not perform this activity prior to the current illness, exacerbation, or injury. 10-Not attempted due to environmental limitations (e.g., lack of equipment, weather constraints) 11-Not applicable - {Patient/Resident/Person} does not usually do this activity. 88-Not attempted due to medical condition or safety concerns 90-Not attempted due to short-term medical conditions or safety concerns. --Not assessed/no information	QM	Y



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Assessment Item ID	Question Text	Response Code - Response Text	Item Use(s)	Changed since Last Assessment
GG0170A2	Roll left and right: The ability to roll from lying on back to left and right side, and return to lying on back on the bed. - Discharge Goal	01-Dependent - Helper does ALL of the effort. {Patient/Resident/Person} does none of the effort to complete the activity. Or, the assistance of 2 or more helpers is required for the {patient/resident/person} to complete the activity. 02-Substantial/maximal assistance - Helper does MORE THAN HALF the effort. Helper lifts or holds trunk or limbs and provides more than half the effort. 03-Partial/moderate assistance - Helper does LESS THAN HALF the effort. Helper lifts, holds or supports trunk or limbs, but provides less than half the effort. 04-Supervision or touching assistance - Helper provides verbal cues and/or touching/steadying and/or contact guard assistance as {patient/resident/person} completes activity. Assistance may be provided throughout the activity or intermittently. 05-Setup or clean-up assistance - Helper sets up or cleans up; {patient/resident/person} completes activity. Helper assists only prior to or following the activity. 06-Independent - {Patient/Resident/Person} completes the activity by {him/herself/themself} with no assistance from a helper. 07-{Patient/Resident/Person} refused 09-Not applicable - Not attempted and the {patient/resident/person} did not perform this activity prior to the current illness, exacerbation, or injury. 10-Not attempted due to environmental limitations (e.g., lack of equipment, weather constraints) 11-Not applicable - {Patient/Resident/Person} does not usually do this activity. 88-Not attempted due to medical condition or safety concerns 90-Not attempted due to short-term medical conditions or safety concerns. --Not assessed/no information	*	Y



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Assessment Item ID	Question Text	Response Code - Response Text	Item Use(s)	Changed since Last Assessment
GG0170B1	Sit to lying: The ability to move from sitting on side of bed to lying flat on the bed. - Admission Performance	01-Dependent - Helper does ALL of the effort. {Patient/Resident/Person} does none of the effort to complete the activity. Or, the assistance of 2 or more helpers is required for the {patient/resident/person} to complete the activity. 02-Substantial/maximal assistance - Helper does MORE THAN HALF the effort. Helper lifts or holds trunk or limbs and provides more than half the effort. 03-Partial/moderate assistance - Helper does LESS THAN HALF the effort. Helper lifts, holds or supports trunk or limbs, but provides less than half the effort. 04-Supervision or touching assistance - Helper provides verbal cues and/or touching/steadying and/or contact guard assistance as {patient/resident/person} completes activity. Assistance may be provided throughout the activity or intermittently. 05-Setup or clean-up assistance - Helper sets up or cleans up; {patient/resident/person} completes activity. Helper assists only prior to or following the activity. 06-Independent - {Patient/Resident/Person} completes the activity by {him/herself/themself} with no assistance from a helper. 07-{Patient/Resident/Person} refused 09-Not applicable - Not attempted and the {patient/resident/person} did not perform this activity prior to the current illness, exacerbation, or injury. 10-Not attempted due to environmental limitations (e.g., lack of equipment, weather constraints) 11-Not applicable - {Patient/Resident/Person} does not usually do this activity. 88-Not attempted due to medical condition or safety concerns 90-Not attempted due to short-term medical conditions or safety concerns. --Not assessed/no information	QM	Y



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Assessment Item ID	Question Text	Response Code - Response Text	Item Use(s)	Changed since Last Assessment
GG0170B2	Sit to lying: The ability to move from sitting on side of bed to lying flat on the bed. - Discharge Goal	01-Dependent - Helper does ALL of the effort. {Patient/Resident/Person} does none of the effort to complete the activity. Or, the assistance of 2 or more helpers is required for the {patient/resident/person} to complete the activity. 02-Substantial/maximal assistance - Helper does MORE THAN HALF the effort. Helper lifts or holds trunk or limbs and provides more than half the effort. 03-Partial/moderate assistance - Helper does LESS THAN HALF the effort. Helper lifts, holds or supports trunk or limbs, but provides less than half the effort. 04-Supervision or touching assistance - Helper provides verbal cues and/or touching/steadying and/or contact guard assistance as {patient/resident/person} completes activity. Assistance may be provided throughout the activity or intermittently. 05-Setup or clean-up assistance - Helper sets up or cleans up; {patient/resident/person} completes activity. Helper assists only prior to or following the activity. 06-Independent - {Patient/Resident/Person} completes the activity by {him/herself/themself} with no assistance from a helper. 07-{Patient/Resident/Person} refused 09-Not applicable - Not attempted and the {patient/resident/person} did not perform this activity prior to the current illness, exacerbation, or injury. 10-Not attempted due to environmental limitations (e.g., lack of equipment, weather constraints) 88-Not attempted due to medical condition or safety concerns 90-Not attempted due to short-term medical conditions or safety concerns. --Not assessed/no information	QM	Y



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Assessment Item ID	Question Text	Response Code - Response Text	Item Use(s)	Changed since Last Assessment
GG0170C1	Lying to sitting on side of bed: The ability to move from lying on the back to sitting on the side of the bed with no back support. - Admission Performance	01-Dependent - Helper does ALL of the effort. {Patient/Resident/Person} does none of the effort to complete the activity. Or, the assistance of 2 or more helpers is required for the {patient/resident/person} to complete the activity. 02-Substantial/maximal assistance - Helper does MORE THAN HALF the effort. Helper lifts or holds trunk or limbs and provides more than half the effort. 03-Partial/moderate assistance - Helper does LESS THAN HALF the effort. Helper lifts, holds or supports trunk or limbs, but provides less than half the effort. 04-Supervision or touching assistance - Helper provides verbal cues and/or touching/steadying and/or contact guard assistance as {patient/resident/person} completes activity. Assistance may be provided throughout the activity or intermittently. 05-Setup or clean-up assistance - Helper sets up or cleans up; {patient/resident/person} completes activity. Helper assists only prior to or following the activity. 06-Independent - {Patient/Resident/Person} completes the activity by {him/herself/themself} with no assistance from a helper. 07-{Patient/Resident/Person} refused 09-Not applicable - Not attempted and the {patient/resident/person} did not perform this activity prior to the current illness, exacerbation, or injury. 10-Not attempted due to environmental limitations (e.g., lack of equipment, weather constraints) 11-Not applicable - {Patient/Resident/Person} does not usually do this activity. 88-Not attempted due to medical condition or safety concerns 90-Not attempted due to short-term medical conditions or safety concerns. --Not assessed/no information	*	Y



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Assessment Item ID	Question Text	Response Code - Response Text	Item Use(s)	Changed since Last Assessment
GG0170C2	Lying to sitting on side of bed: The ability to move from lying on the back to sitting on the side of the bed with no back support. - Discharge Goal	01-Dependent - Helper does ALL of the effort. {Patient/Resident/Person} does none of the effort to complete the activity. Or, the assistance of 2 or more helpers is required for the {patient/resident/person} to complete the activity. 02-Substantial/maximal assistance - Helper does MORE THAN HALF the effort. Helper lifts or holds trunk or limbs and provides more than half the effort. 03-Partial/moderate assistance - Helper does LESS THAN HALF the effort. Helper lifts, holds or supports trunk or limbs, but provides less than half the effort. 04-Supervision or touching assistance - Helper provides verbal cues and/or touching/steadying and/or contact guard assistance as {patient/resident/person} completes activity. Assistance may be provided throughout the activity or intermittently. 05-Setup or clean-up assistance - Helper sets up or cleans up; {patient/resident/person} completes activity. Helper assists only prior to or following the activity. 06-Independent - {Patient/Resident/Person} completes the activity by {him/herself/themself} with no assistance from a helper. 07-{Patient/Resident/Person} refused 09-Not applicable - Not attempted and the {patient/resident/person} did not perform this activity prior to the current illness, exacerbation, or injury. 10-Not attempted due to environmental limitations (e.g., lack of equipment, weather constraints) 11-Not applicable - {Patient/Resident/Person} does not usually do this activity. 88-Not attempted due to medical condition or safety concerns 90-Not attempted due to short-term medical conditions or safety concerns. --Not assessed/no information	*	Y





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Assessment Item ID	Question Text	Response Code - Response Text	Item Use(s)	Changed since Last Assessment
GG0170D1	Sit to stand: The ability to come to a standing position from sitting in a chair, wheelchair, or on the side of the bed. - Admission Performance	01-Dependent - Helper does ALL of the effort. {Patient/Resident/Person} does none of the effort to complete the activity. Or, the assistance of 2 or more helpers is required for the {patient/resident/person} to complete the activity. 02-Substantial/maximal assistance - Helper does MORE THAN HALF the effort. Helper lifts or holds trunk or limbs and provides more than half the effort. 03-Partial/moderate assistance - Helper does LESS THAN HALF the effort. Helper lifts, holds or supports trunk or limbs, but provides less than half the effort. 04-Supervision or touching assistance - Helper provides verbal cues and/or touching/steadying and/or contact guard assistance as {patient/resident/person} completes activity. Assistance may be provided throughout the activity or intermittently. 05-Setup or clean-up assistance - Helper sets up or cleans up; {patient/resident/person} completes activity. Helper assists only prior to or following the activity. 06-Independent - {Patient/Resident/Person} completes the activity by {him/herself/themself} with no assistance from a helper. 07-{Patient/Resident/Person} refused 09-Not applicable - Not attempted and the {patient/resident/person} did not perform this activity prior to the current illness, exacerbation, or injury. 10-Not attempted due to environmental limitations (e.g., lack of equipment, weather constraints) 11-Not applicable - {Patient/Resident/Person} does not usually do this activity. 88-Not attempted due to medical condition or safety concerns 90-Not attempted due to short-term medical conditions or safety concerns. --Not assessed/no information	QM	Y



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Assessment Item ID	Question Text	Response Code - Response Text	Item Use(s)	Changed since Last Assessment
GG0170D2	Sit to stand: The ability to come to a standing position from sitting in a chair, wheelchair, or on the side of the bed. - Discharge Goal	01-Dependent - Helper does ALL of the effort. {Patient/Resident/Person} does none of the effort to complete the activity. Or, the assistance of 2 or more helpers is required for the {patient/resident/person} to complete the activity. 02-Substantial/maximal assistance - Helper does MORE THAN HALF the effort. Helper lifts or holds trunk or limbs and provides more than half the effort. 03-Partial/moderate assistance - Helper does LESS THAN HALF the effort. Helper lifts, holds or supports trunk or limbs, but provides less than half the effort. 04-Supervision or touching assistance - Helper provides verbal cues and/or touching/steadying and/or contact guard assistance as {patient/resident/person} completes activity. Assistance may be provided throughout the activity or intermittently. 05-Setup or clean-up assistance - Helper sets up or cleans up; {patient/resident/person} completes activity. Helper assists only prior to or following the activity. 06-Independent - {Patient/Resident/Person} completes the activity by {him/herself/themself} with no assistance from a helper. 07-{Patient/Resident/Person} refused 09-Not applicable - Not attempted and the {patient/resident/person} did not perform this activity prior to the current illness, exacerbation, or injury. 10-Not attempted due to environmental limitations (e.g., lack of equipment, weather constraints) 11-Not applicable - {Patient/Resident/Person} does not usually do this activity. 88-Not attempted due to medical condition or safety concerns 90-Not attempted due to short-term medical conditions or safety concerns. --Not assessed/no information	QM	Y



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Assessment Item ID	Question Text	Response Code - Response Text	Item Use(s)	Changed since Last Assessment
GG0170E1	Chair/bed-to-chair transfer: The ability to transfer to and from a bed to a chair (or wheelchair). - Admission Performance	01-Dependent - Helper does ALL of the effort. {Patient/Resident/Person} does none of the effort to complete the activity. Or, the assistance of 2 or more helpers is required for the {patient/resident/person} to complete the activity. 02-Substantial/maximal assistance - Helper does MORE THAN HALF the effort. Helper lifts or holds trunk or limbs and provides more than half the effort. 03-Partial/moderate assistance - Helper does LESS THAN HALF the effort. Helper lifts, holds or supports trunk or limbs, but provides less than half the effort. 04-Supervision or touching assistance - Helper provides verbal cues and/or touching/steadying and/or contact guard assistance as {patient/resident/person} completes activity. Assistance may be provided throughout the activity or intermittently. 05-Setup or clean-up assistance - Helper sets up or cleans up; {patient/resident/person} completes activity. Helper assists only prior to or following the activity. 06-Independent - {Patient/Resident/Person} completes the activity by {him/herself/themself} with no assistance from a helper. 07-{Patient/Resident/Person} refused 09-Not applicable - Not attempted and the {patient/resident/person} did not perform this activity prior to the current illness, exacerbation, or injury. 10-Not attempted due to environmental limitations (e.g., lack of equipment, weather constraints) 11-Not applicable - {Patient/Resident/Person} does not usually do this activity. 88-Not attempted due to medical condition or safety concerns 90-Not attempted due to short-term medical conditions or safety concerns. --Not assessed/no information	QM	Y



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Assessment Item ID	Question Text	Response Code - Response Text	Item Use(s)	Changed since Last Assessment
GG0170E2	Chair/bed-to-chair transfer: The ability to transfer to and from a bed to a chair (or wheelchair). - Discharge Goal	01-Dependent - Helper does ALL of the effort. {Patient/Resident/Person} does none of the effort to complete the activity. Or, the assistance of 2 or more helpers is required for the {patient/resident/person} to complete the activity. 02-Substantial/maximal assistance - Helper does MORE THAN HALF the effort. Helper lifts or holds trunk or limbs and provides more than half the effort. 03-Partial/moderate assistance - Helper does LESS THAN HALF the effort. Helper lifts, holds or supports trunk or limbs, but provides less than half the effort. 04-Supervision or touching assistance - Helper provides verbal cues and/or touching/steadying and/or contact guard assistance as {patient/resident/person} completes activity. Assistance may be provided throughout the activity or intermittently. 05-Setup or clean-up assistance - Helper sets up or cleans up; {patient/resident/person} completes activity. Helper assists only prior to or following the activity. 06-Independent - {Patient/Resident/Person} completes the activity by {him/herself/themself} with no assistance from a helper. 07-{Patient/Resident/Person} refused 09-Not applicable - Not attempted and the {patient/resident/person} did not perform this activity prior to the current illness, exacerbation, or injury. 10-Not attempted due to environmental limitations (e.g., lack of equipment, weather constraints) 11-Not applicable - {Patient/Resident/Person} does not usually do this activity. 88-Not attempted due to medical condition or safety concerns 90-Not attempted due to short-term medical conditions or safety concerns. --Not assessed/no information	QM	Y



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Assessment Item ID	Question Text	Response Code - Response Text	Item Use(s)	Changed since Last Assessment
GG0170F1	Toilet transfer: The ability to get on and off a toilet or commode. - Admission Performance	01-Dependent - Helper does ALL of the effort. {Patient/Resident/Person} does none of the effort to complete the activity. Or, the assistance of 2 or more helpers is required for the {patient/resident/person} to complete the activity. 02-Substantial/maximal assistance - Helper does MORE THAN HALF the effort. Helper lifts or holds trunk or limbs and provides more than half the effort. 03-Partial/moderate assistance - Helper does LESS THAN HALF the effort. Helper lifts, holds or supports trunk or limbs, but provides less than half the effort. 04-Supervision or touching assistance - Helper provides verbal cues and/or touching/steadying and/or contact guard assistance as {patient/resident/person} completes activity. Assistance may be provided throughout the activity or intermittently. 05-Setup or clean-up assistance - Helper sets up or cleans up; {patient/resident/person} completes activity. Helper assists only prior to or following the activity. 06-Independent - {Patient/Resident/Person} completes the activity by {him/herself/themself} with no assistance from a helper. 07-{Patient/Resident/Person} refused 09-Not applicable - Not attempted and the {patient/resident/person} did not perform this activity prior to the current illness, exacerbation, or injury. 10-Not attempted due to environmental limitations (e.g., lack of equipment, weather constraints) 11-Not applicable - {Patient/Resident/Person} does not usually do this activity. 88-Not attempted due to medical condition or safety concerns 90-Not attempted due to short-term medical conditions or safety concerns. --Not assessed/no information	QM	Y



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Assessment Item ID	Question Text	Response Code - Response Text	Item Use(s)	Changed since Last Assessment
GG0170F2	Toilet transfer: The ability to get on and off a toilet or commode. - Discharge Goal	01-Dependent - Helper does ALL of the effort. {Patient/Resident/Person} does none of the effort to complete the activity. Or, the assistance of 2 or more helpers is required for the {patient/resident/person} to complete the activity. 02-Substantial/maximal assistance - Helper does MORE THAN HALF the effort. Helper lifts or holds trunk or limbs and provides more than half the effort. 03-Partial/moderate assistance - Helper does LESS THAN HALF the effort. Helper lifts, holds or supports trunk or limbs, but provides less than half the effort. 04-Supervision or touching assistance - Helper provides verbal cues and/or touching/steadying and/or contact guard assistance as {patient/resident/person} completes activity. Assistance may be provided throughout the activity or intermittently. 05-Setup or clean-up assistance - Helper sets up or cleans up; {patient/resident/person} completes activity. Helper assists only prior to or following the activity. 06-Independent - {Patient/Resident/Person} completes the activity by {him/herself/themself} with no assistance from a helper. 07-{Patient/Resident/Person} refused 09-Not applicable - Not attempted and the {patient/resident/person} did not perform this activity prior to the current illness, exacerbation, or injury. 10-Not attempted due to environmental limitations (e.g., lack of equipment, weather constraints) 11-Not applicable - {Patient/Resident/Person} does not usually do this activity. 88-Not attempted due to medical condition or safety concerns 90-Not attempted due to short-term medical conditions or safety concerns. --Not assessed/no information	QM	Y



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Assessment Item ID	Question Text	Response Code - Response Text	Item Use(s)	Changed since Last Assessment
GG0170G1	Car transfer: The ability to transfer in and out of a car or van on the passenger side. Does not include the ability to open/close door or fasten seat belt. - Admission Performance	01-Dependent - Helper does ALL of the effort. {Patient/Resident/Person} does none of the effort to complete the activity. Or, the assistance of 2 or more helpers is required for the {patient/resident/person} to complete the activity. 02-Substantial/maximal assistance - Helper does MORE THAN HALF the effort. Helper lifts or holds trunk or limbs and provides more than half the effort. 03-Partial/moderate assistance - Helper does LESS THAN HALF the effort. Helper lifts, holds or supports trunk or limbs, but provides less than half the effort. 04-Supervision or touching assistance - Helper provides verbal cues and/or touching/steadying and/or contact guard assistance as {patient/resident/person} completes activity. Assistance may be provided throughout the activity or intermittently. 05-Setup or clean-up assistance - Helper sets up or cleans up; {patient/resident/person} completes activity. Helper assists only prior to or following the activity. 06-Independent - {Patient/Resident/Person} completes the activity by {him/herself/themself} with no assistance from a helper. 07-{Patient/Resident/Person} refused 09-Not applicable - Not attempted and the {patient/resident/person} did not perform this activity prior to the current illness, exacerbation, or injury. 10-Not attempted due to environmental limitations (e.g., lack of equipment, weather constraints) 11-Not applicable - {Patient/Resident/Person} does not usually do this activity. 88-Not attempted due to medical condition or safety concerns 90-Not attempted due to short-term medical conditions or safety concerns. --Not assessed/no information	QM	Y



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Assessment Item ID	Question Text	Response Code - Response Text	Item Use(s)	Changed since Last Assessment
GG0170G2	Car transfer: The ability to transfer in and out of a car or van on the passenger side. Does not include the ability to open/close door or fasten seat belt. - Discharge Goal	01-Dependent - Helper does ALL of the effort. {Patient/Resident/Person} does none of the effort to complete the activity. Or, the assistance of 2 or more helpers is required for the {patient/resident/person} to complete the activity. 02-Substantial/maximal assistance - Helper does MORE THAN HALF the effort. Helper lifts or holds trunk or limbs and provides more than half the effort. 03-Partial/moderate assistance - Helper does LESS THAN HALF the effort. Helper lifts, holds or supports trunk or limbs, but provides less than half the effort. 04-Supervision or touching assistance - Helper provides verbal cues and/or touching/steadying and/or contact guard assistance as {patient/resident/person} completes activity. Assistance may be provided throughout the activity or intermittently. 05-Setup or clean-up assistance - Helper sets up or cleans up; {patient/resident/person} completes activity. Helper assists only prior to or following the activity. 06-Independent - {Patient/Resident/Person} completes the activity by {him/herself/themself} with no assistance from a helper. 07-{Patient/Resident/Person} refused 09-Not applicable - Not attempted and the {patient/resident/person} did not perform this activity prior to the current illness, exacerbation, or injury. 10-Not attempted due to environmental limitations (e.g., lack of equipment, weather constraints) 11-Not applicable - {Patient/Resident/Person} does not usually do this activity. 88-Not attempted due to medical condition or safety concerns 90-Not attempted due to short-term medical conditions or safety concerns. --Not assessed/no information	*	Y





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**Assessment Version:** E-012023

Assessment Item ID	Question Text	Response Code - Response Text	Item Use(s)	Changed since Last Assessment
GG017011	Walk 10 feet: Once standing, the ability to walk at least 10 feet in a room, corridor, or similar space. - Admission Performance	01-Dependent - Helper does ALL of the effort. {Patient/Resident/Person} does none of the effort to complete the activity. Or, the assistance of 2 or more helpers is required for the {patient/resident/person} to complete the activity. 02-Substantial/maximal assistance - Helper does MORE THAN HALF the effort. Helper lifts or holds trunk or limbs and provides more than half the effort. 03-Partial/moderate assistance - Helper does LESS THAN HALF the effort. Helper lifts, holds or supports trunk or limbs, but provides less than half the effort. 04-Supervision or touching assistance - Helper provides verbal cues and/or touching/steadying and/or contact guard assistance as {patient/resident/person} completes activity. Assistance may be provided throughout the activity or intermittently. 05-Setup or clean-up assistance - Helper sets up or cleans up; {patient/resident/person} completes activity. Helper assists only prior to or following the activity. 06-Independent - {Patient/Resident/Person} completes the activity by {him/herself/themself} with no assistance from a helper. 07-{Patient/Resident/Person} refused 09-Not applicable - Not attempted and the {patient/resident/person} did not perform this activity prior to the current illness, exacerbation, or injury. 10-Not attempted due to environmental limitations (e.g., lack of equipment, weather constraints) 11-Not applicable - {Patient/Resident/Person} does not usually do this activity. 88-Not attempted due to medical condition or safety concerns 90-Not attempted due to short-term medical conditions or safety concerns. --Not assessed/no information	QM	Y



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Assessment Item ID	Question Text	Response Code - Response Text	Item Use(s)	Changed since Last Assessment
GG0170I2	Walk 10 feet: Once standing, the ability to walk at least 10 feet in a room, corridor, or similar space. - Discharge Goal	01-Dependent - Helper does ALL of the effort. {Patient/Resident/Person} does none of the effort to complete the activity. Or, the assistance of 2 or more helpers is required for the {patient/resident/person} to complete the activity. 02-Substantial/maximal assistance - Helper does MORE THAN HALF the effort. Helper lifts or holds trunk or limbs and provides more than half the effort. 03-Partial/moderate assistance - Helper does LESS THAN HALF the effort. Helper lifts, holds or supports trunk or limbs, but provides less than half the effort. 04-Supervision or touching assistance - Helper provides verbal cues and/or touching/steadying and/or contact guard assistance as {patient/resident/person} completes activity. Assistance may be provided throughout the activity or intermittently. 05-Setup or clean-up assistance - Helper sets up or cleans up; {patient/resident/person} completes activity. Helper assists only prior to or following the activity. 06-Independent - {Patient/Resident/Person} completes the activity by {him/herself/themself} with no assistance from a helper. 07-{Patient/Resident/Person} refused 09-Not applicable - Not attempted and the {patient/resident/person} did not perform this activity prior to the current illness, exacerbation, or injury. 10-Not attempted due to environmental limitations (e.g., lack of equipment, weather constraints) 11-Not applicable - {Patient/Resident/Person} does not usually do this activity. 88-Not attempted due to medical condition or safety concerns 90-Not attempted due to short-term medical conditions or safety concerns. --Not assessed/no information	*	Y



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Assessment Item ID	Question Text	Response Code - Response Text	Item Use(s)	Changed since Last Assessment
GG0170J1	Walk 50 feet with two turns: Once standing, the ability to walk 50 feet and make two turns. - Admission Performance	01-Dependent - Helper does ALL of the effort. {Patient/Resident/Person} does none of the effort to complete the activity. Or, the assistance of 2 or more helpers is required for the {patient/resident/person} to complete the activity. 02-Substantial/maximal assistance - Helper does MORE THAN HALF the effort. Helper lifts or holds trunk or limbs and provides more than half the effort. 03-Partial/moderate assistance - Helper does LESS THAN HALF the effort. Helper lifts, holds or supports trunk or limbs, but provides less than half the effort. 04-Supervision or touching assistance - Helper provides verbal cues and/or touching/steadying and/or contact guard assistance as {patient/resident/person} completes activity. Assistance may be provided throughout the activity or intermittently. 05-Setup or clean-up assistance - Helper sets up or cleans up; {patient/resident/person} completes activity. Helper assists only prior to or following the activity. 06-Independent - {Patient/Resident/Person} completes the activity by {him/herself/themself} with no assistance from a helper. 07-{Patient/Resident/Person} refused 09-Not applicable - Not attempted and the {patient/resident/person} did not perform this activity prior to the current illness, exacerbation, or injury. 10-Not attempted due to environmental limitations (e.g., lack of equipment, weather constraints) 11-Not applicable - {Patient/Resident/Person} does not usually do this activity. 88-Not attempted due to medical condition or safety concerns 90-Not attempted due to short-term medical conditions or safety concerns. ^-Blank (skip pattern) --Not assessed/no information	QM	Y



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Assessment Item ID	Question Text	Response Code - Response Text	Item Use(s)	Changed since Last Assessment
GG0170J2	Walk 50 feet with two turns: Once standing, the ability to walk 50 feet and make two turns. - Discharge Goal	01-Dependent - Helper does ALL of the effort. {Patient/Resident/Person} does none of the effort to complete the activity. Or, the assistance of 2 or more helpers is required for the {patient/resident/person} to complete the activity. 02-Substantial/maximal assistance - Helper does MORE THAN HALF the effort. Helper lifts or holds trunk or limbs and provides more than half the effort. 03-Partial/moderate assistance - Helper does LESS THAN HALF the effort. Helper lifts, holds or supports trunk or limbs, but provides less than half the effort. 04-Supervision or touching assistance - Helper provides verbal cues and/or touching/steadying and/or contact guard assistance as {patient/resident/person} completes activity. Assistance may be provided throughout the activity or intermittently. 05-Setup or clean-up assistance - Helper sets up or cleans up; {patient/resident/person} completes activity. Helper assists only prior to or following the activity. 06-Independent - {Patient/Resident/Person} completes the activity by {him/herself/themself} with no assistance from a helper. 07-{Patient/Resident/Person} refused 09-Not applicable - Not attempted and the {patient/resident/person} did not perform this activity prior to the current illness, exacerbation, or injury. 10-Not attempted due to environmental limitations (e.g., lack of equipment, weather constraints) 11-Not applicable - {Patient/Resident/Person} does not usually do this activity. 88-Not attempted due to medical condition or safety concerns 90-Not attempted due to short-term medical conditions or safety concerns. --Not assessed/no information	QM	Y



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Assessment Item ID	Question Text	Response Code - Response Text	Item Use(s)	Changed since Last Assessment
GG0170K1	Walk 150 feet: Once standing, the ability to walk at least 150 feet in a corridor or similar space. - Admission Performance	01-Dependent - Helper does ALL of the effort. {Patient/Resident/Person} does none of the effort to complete the activity. Or, the assistance of 2 or more helpers is required for the {patient/resident/person} to complete the activity. 02-Substantial/maximal assistance - Helper does MORE THAN HALF the effort. Helper lifts or holds trunk or limbs and provides more than half the effort. 03-Partial/moderate assistance - Helper does LESS THAN HALF the effort. Helper lifts, holds or supports trunk or limbs, but provides less than half the effort. 04-Supervision or touching assistance - Helper provides verbal cues and/or touching/steadying and/or contact guard assistance as {patient/resident/person} completes activity. Assistance may be provided throughout the activity or intermittently. 05-Setup or clean-up assistance - Helper sets up or cleans up; {patient/resident/person} completes activity. Helper assists only prior to or following the activity. 06-Independent - {Patient/Resident/Person} completes the activity by {him/herself/themself} with no assistance from a helper. 07-{Patient/Resident/Person} refused 09-Not applicable - Not attempted and the {patient/resident/person} did not perform this activity prior to the current illness, exacerbation, or injury. 10-Not attempted due to environmental limitations (e.g., lack of equipment, weather constraints) 11-Not applicable - {Patient/Resident/Person} does not usually do this activity. 88-Not attempted due to medical condition or safety concerns 90-Not attempted due to short-term medical conditions or safety concerns. ^-Blank (skip pattern) --Not assessed/no information	QM	Y



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Assessment Item ID	Question Text	Response Code - Response Text	Item Use(s)	Changed since Last Assessment
GG0170K2	Walk 150 feet: Once standing, the ability to walk at least 150 feet in a corridor or similar space. - Discharge Goal	01-Dependent - Helper does ALL of the effort. {Patient/Resident/Person} does none of the effort to complete the activity. Or, the assistance of 2 or more helpers is required for the {patient/resident/person} to complete the activity. 02-Substantial/maximal assistance - Helper does MORE THAN HALF the effort. Helper lifts or holds trunk or limbs and provides more than half the effort. 03-Partial/moderate assistance - Helper does LESS THAN HALF the effort. Helper lifts, holds or supports trunk or limbs, but provides less than half the effort. 04-Supervision or touching assistance - Helper provides verbal cues and/or touching/steadying and/or contact guard assistance as {patient/resident/person} completes activity. Assistance may be provided throughout the activity or intermittently. 05-Setup or clean-up assistance - Helper sets up or cleans up; {patient/resident/person} completes activity. Helper assists only prior to or following the activity. 06-Independent - {Patient/Resident/Person} completes the activity by {him/herself/themself} with no assistance from a helper. 07-{Patient/Resident/Person} refused 09-Not applicable - Not attempted and the {patient/resident/person} did not perform this activity prior to the current illness, exacerbation, or injury. 10-Not attempted due to environmental limitations (e.g., lack of equipment, weather constraints) 11-Not applicable - {Patient/Resident/Person} does not usually do this activity. 88-Not attempted due to medical condition or safety concerns 90-Not attempted due to short-term medical conditions or safety concerns. --Not assessed/no information	QM	Y



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Assessment Item ID	Question Text	Response Code - Response Text	Item Use(s)	Changed since Last Assessment
GG0170L1	Walking 10 feet on uneven surfaces: The ability to walk 10 feet on uneven or sloping surfaces (indoor or outdoor), such as turf or gravel. - Admission Performance	01-Dependent - Helper does ALL of the effort. {Patient/Resident/Person} does none of the effort to complete the activity. Or, the assistance of 2 or more helpers is required for the {patient/resident/person} to complete the activity. 02-Substantial/maximal assistance - Helper does MORE THAN HALF the effort. Helper lifts or holds trunk or limbs and provides more than half the effort. 03-Partial/moderate assistance - Helper does LESS THAN HALF the effort. Helper lifts, holds or supports trunk or limbs, but provides less than half the effort. 04-Supervision or touching assistance - Helper provides verbal cues and/or touching/steadying and/or contact guard assistance as {patient/resident/person} completes activity. Assistance may be provided throughout the activity or intermittently. 05-Setup or clean-up assistance - Helper sets up or cleans up; {patient/resident/person} completes activity. Helper assists only prior to or following the activity. 06-Independent - {Patient/Resident/Person} completes the activity by {him/herself/themself} with no assistance from a helper. 07-{Patient/Resident/Person} refused 09-Not applicable - Not attempted and the {patient/resident/person} did not perform this activity prior to the current illness, exacerbation, or injury. 10-Not attempted due to environmental limitations (e.g., lack of equipment, weather constraints) 11-Not applicable - {Patient/Resident/Person} does not usually do this activity. 88-Not attempted due to medical condition or safety concerns 90-Not attempted due to short-term medical conditions or safety concerns. ^-Blank (skip pattern) --Not assessed/no information	QM	Y



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Assessment Item ID	Question Text	Response Code - Response Text	Item Use(s)	Changed since Last Assessment
GG0170L2	Walking 10 feet on uneven surfaces: The ability to walk 10 feet on uneven or sloping surfaces (indoor or outdoor), such as turf or gravel. - Discharge Goal	01-Dependent - Helper does ALL of the effort. {Patient/Resident/Person} does none of the effort to complete the activity. Or, the assistance of 2 or more helpers is required for the {patient/resident/person} to complete the activity. 02-Substantial/maximal assistance - Helper does MORE THAN HALF the effort. Helper lifts or holds trunk or limbs and provides more than half the effort. 03-Partial/moderate assistance - Helper does LESS THAN HALF the effort. Helper lifts, holds or supports trunk or limbs, but provides less than half the effort. 04-Supervision or touching assistance - Helper provides verbal cues and/or touching/steadying and/or contact guard assistance as {patient/resident/person} completes activity. Assistance may be provided throughout the activity or intermittently. 05-Setup or clean-up assistance - Helper sets up or cleans up; {patient/resident/person} completes activity. Helper assists only prior to or following the activity. 06-Independent - {Patient/Resident/Person} completes the activity by {him/herself/themself} with no assistance from a helper. 07-{Patient/Resident/Person} refused 09-Not applicable - Not attempted and the {patient/resident/person} did not perform this activity prior to the current illness, exacerbation, or injury. 10-Not attempted due to environmental limitations (e.g., lack of equipment, weather constraints) 11-Not applicable - {Patient/Resident/Person} does not usually do this activity. 88-Not attempted due to medical condition or safety concerns 90-Not attempted due to short-term medical conditions or safety concerns. --Not assessed/no information	*	Y





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Assessment Item ID	Question Text	Response Code - Response Text	Item Use(s)	Changed since Last Assessment
GG0170M1	1 step (curb): The ability to go up and down a curb or up and down one step. - Admission Performance	01-Dependent - Helper does ALL of the effort. {Patient/Resident/Person} does none of the effort to complete the activity. Or, the assistance of 2 or more helpers is required for the {patient/resident/person} to complete the activity. 02-Substantial/maximal assistance - Helper does MORE THAN HALF the effort. Helper lifts or holds trunk or limbs and provides more than half the effort. 03-Partial/moderate assistance - Helper does LESS THAN HALF the effort. Helper lifts, holds or supports trunk or limbs, but provides less than half the effort. 04-Supervision or touching assistance - Helper provides verbal cues and/or touching/steadying and/or contact guard assistance as {patient/resident/person} completes activity. Assistance may be provided throughout the activity or intermittently. 05-Setup or clean-up assistance - Helper sets up or cleans up; {patient/resident/person} completes activity. Helper assists only prior to or following the activity. 06-Independent - {Patient/Resident/Person} completes the activity by {him/herself/themself} with no assistance from a helper. 07-{Patient/Resident/Person} refused 09-Not applicable - Not attempted and the {patient/resident/person} did not perform this activity prior to the current illness, exacerbation, or injury. 10-Not attempted due to environmental limitations (e.g., lack of equipment, weather constraints) 11-Not applicable - {Patient/Resident/Person} does not usually do this activity. 88-Not attempted due to medical condition or safety concerns 90-Not attempted due to short-term medical conditions or safety concerns. --Not assessed/no information	QM	Y



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Assessment Item ID	Question Text	Response Code - Response Text	Item Use(s)	Changed since Last Assessment
GG0170M2	1 step (curb): The ability to go up and down a curb or up and down one step. - Discharge Goal	01-Dependent - Helper does ALL of the effort. {Patient/Resident/Person} does none of the effort to complete the activity. Or, the assistance of 2 or more helpers is required for the {patient/resident/person} to complete the activity. 02-Substantial/maximal assistance - Helper does MORE THAN HALF the effort. Helper lifts or holds trunk or limbs and provides more than half the effort. 03-Partial/moderate assistance - Helper does LESS THAN HALF the effort. Helper lifts, holds or supports trunk or limbs, but provides less than half the effort. 04-Supervision or touching assistance - Helper provides verbal cues and/or touching/steadying and/or contact guard assistance as {patient/resident/person} completes activity. Assistance may be provided throughout the activity or intermittently. 05-Setup or clean-up assistance - Helper sets up or cleans up; {patient/resident/person} completes activity. Helper assists only prior to or following the activity. 06-Independent - {Patient/Resident/Person} completes the activity by {him/herself/themself} with no assistance from a helper. 07-{Patient/Resident/Person} refused 09-Not applicable - Not attempted and the {patient/resident/person} did not perform this activity prior to the current illness, exacerbation, or injury. 10-Not attempted due to environmental limitations (e.g., lack of equipment, weather constraints) 11-Not applicable - {Patient/Resident/Person} does not usually do this activity. 88-Not attempted due to medical condition or safety concerns 90-Not attempted due to short-term medical conditions or safety concerns. --Not assessed/no information	*	Y



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Assessment Item ID	Question Text	Response Code - Response Text	Item Use(s)	Changed since Last Assessment
GG0170N1	4 steps: The ability to go up and down four steps with or without a rail. - Admission Performance	01-Dependent - Helper does ALL of the effort. {Patient/Resident/Person} does none of the effort to complete the activity. Or, the assistance of 2 or more helpers is required for the {patient/resident/person} to complete the activity. 02-Substantial/maximal assistance - Helper does MORE THAN HALF the effort. Helper lifts or holds trunk or limbs and provides more than half the effort. 03-Partial/moderate assistance - Helper does LESS THAN HALF the effort. Helper lifts, holds or supports trunk or limbs, but provides less than half the effort. 04-Supervision or touching assistance - Helper provides verbal cues and/or touching/steadying and/or contact guard assistance as {patient/resident/person} completes activity. Assistance may be provided throughout the activity or intermittently. 05-Setup or clean-up assistance - Helper sets up or cleans up; {patient/resident/person} completes activity. Helper assists only prior to or following the activity. 06-Independent - {Patient/Resident/Person} completes the activity by {him/herself/themself} with no assistance from a helper. 07-{Patient/Resident/Person} refused 09-Not applicable - Not attempted and the {patient/resident/person} did not perform this activity prior to the current illness, exacerbation, or injury. 10-Not attempted due to environmental limitations (e.g., lack of equipment, weather constraints) 11-Not applicable - {Patient/Resident/Person} does not usually do this activity. 88-Not attempted due to medical condition or safety concerns 90-Not attempted due to short-term medical conditions or safety concerns. ^-Blank (skip pattern) --Not assessed/no information	QM	Y



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Assessment Item ID	Question Text	Response Code - Response Text	Item Use(s)	Changed since Last Assessment
GG0170N2	4 steps: The ability to go up and down four steps with or without a rail. - Discharge Goal	01-Dependent - Helper does ALL of the effort. {Patient/Resident/Person} does none of the effort to complete the activity. Or, the assistance of 2 or more helpers is required for the {patient/resident/person} to complete the activity. 02-Substantial/maximal assistance - Helper does MORE THAN HALF the effort. Helper lifts or holds trunk or limbs and provides more than half the effort. 03-Partial/moderate assistance - Helper does LESS THAN HALF the effort. Helper lifts, holds or supports trunk or limbs, but provides less than half the effort. 04-Supervision or touching assistance - Helper provides verbal cues and/or touching/steadying and/or contact guard assistance as {patient/resident/person} completes activity. Assistance may be provided throughout the activity or intermittently. 05-Setup or clean-up assistance - Helper sets up or cleans up; {patient/resident/person} completes activity. Helper assists only prior to or following the activity. 06-Independent - {Patient/Resident/Person} completes the activity by {him/herself/themself} with no assistance from a helper. 07-{Patient/Resident/Person} refused 09-Not applicable - Not attempted and the {patient/resident/person} did not perform this activity prior to the current illness, exacerbation, or injury. 10-Not attempted due to environmental limitations (e.g., lack of equipment, weather constraints) 11-Not applicable - {Patient/Resident/Person} does not usually do this activity. 88-Not attempted due to medical condition or safety concerns 90-Not attempted due to short-term medical conditions or safety concerns. --Not assessed/no information	*	Y



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Assessment Item ID	Question Text	Response Code - Response Text	Item Use(s)	Changed since Last Assessment
GG017001	12 steps: The ability to go up and down 12 steps with or without a rail. - Admission Performance	01-Dependent - Helper does ALL of the effort. {Patient/Resident/Person} does none of the effort to complete the activity. Or, the assistance of 2 or more helpers is required for the {patient/resident/person} to complete the activity. 02-Substantial/maximal assistance - Helper does MORE THAN HALF the effort. Helper lifts or holds trunk or limbs and provides more than half the effort. 03-Partial/moderate assistance - Helper does LESS THAN HALF the effort. Helper lifts, holds or supports trunk or limbs, but provides less than half the effort. 04-Supervision or touching assistance - Helper provides verbal cues and/or touching/steadying and/or contact guard assistance as {patient/resident/person} completes activity. Assistance may be provided throughout the activity or intermittently. 05-Setup or clean-up assistance - Helper sets up or cleans up; {patient/resident/person} completes activity. Helper assists only prior to or following the activity. 06-Independent - {Patient/Resident/Person} completes the activity by {him/herself/themself} with no assistance from a helper. 07-{Patient/Resident/Person} refused 09-Not applicable - Not attempted and the {patient/resident/person} did not perform this activity prior to the current illness, exacerbation, or injury. 10-Not attempted due to environmental limitations (e.g., lack of equipment, weather constraints) 11-Not applicable - {Patient/Resident/Person} does not usually do this activity. 88-Not attempted due to medical condition or safety concerns 90-Not attempted due to short-term medical conditions or safety concerns. ^-Blank (skip pattern) --Not assessed/no information	QM	Y



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Assessment Item ID	Question Text	Response Code - Response Text	Item Use(s)	Changed since Last Assessment
GG017002	12 steps: The ability to go up and down 12 steps with or without a rail. - Discharge Goal	01-Dependent - Helper does ALL of the effort. {Patient/Resident/Person} does none of the effort to complete the activity. Or, the assistance of 2 or more helpers is required for the {patient/resident/person} to complete the activity. 02-Substantial/maximal assistance - Helper does MORE THAN HALF the effort. Helper lifts or holds trunk or limbs and provides more than half the effort. 03-Partial/moderate assistance - Helper does LESS THAN HALF the effort. Helper lifts, holds or supports trunk or limbs, but provides less than half the effort. 04-Supervision or touching assistance - Helper provides verbal cues and/or touching/steadying and/or contact guard assistance as {patient/resident/person} completes activity. Assistance may be provided throughout the activity or intermittently. 05-Setup or clean-up assistance - Helper sets up or cleans up; {patient/resident/person} completes activity. Helper assists only prior to or following the activity. 06-Independent - {Patient/Resident/Person} completes the activity by {him/herself/themself} with no assistance from a helper. 07-{Patient/Resident/Person} refused 09-Not applicable - Not attempted and the {patient/resident/person} did not perform this activity prior to the current illness, exacerbation, or injury. 10-Not attempted due to environmental limitations (e.g., lack of equipment, weather constraints) 11-Not applicable - {Patient/Resident/Person} does not usually do this activity. 88-Not attempted due to medical condition or safety concerns 90-Not attempted due to short-term medical conditions or safety concerns. --Not assessed/no information	*	Y



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Assessment Item ID	Question Text	Response Code - Response Text	Item Use(s)	Changed since Last Assessment
GG0170P1	Picking up object: The ability to bend/stoop from a standing position to pick up a small object, such as a spoon, from the floor. - Admission Performance	01-Dependent - Helper does ALL of the effort. {Patient/Resident/Person} does none of the effort to complete the activity. Or, the assistance of 2 or more helpers is required for the {patient/resident/person} to complete the activity. 02-Substantial/maximal assistance - Helper does MORE THAN HALF the effort. Helper lifts or holds trunk or limbs and provides more than half the effort. 03-Partial/moderate assistance - Helper does LESS THAN HALF the effort. Helper lifts, holds or supports trunk or limbs, but provides less than half the effort. 04-Supervision or touching assistance - Helper provides verbal cues and/or touching/steadying and/or contact guard assistance as {patient/resident/person} completes activity. Assistance may be provided throughout the activity or intermittently. 05-Setup or clean-up assistance - Helper sets up or cleans up; {patient/resident/person} completes activity. Helper assists only prior to or following the activity. 06-Independent - {Patient/Resident/Person} completes the activity by {him/herself/themself} with no assistance from a helper. 07-{Patient/Resident/Person} refused 09-Not applicable - Not attempted and the {patient/resident/person} did not perform this activity prior to the current illness, exacerbation, or injury. 10-Not attempted due to environmental limitations (e.g., lack of equipment, weather constraints) 11-Not applicable - {Patient/Resident/Person} does not usually do this activity. 88-Not attempted due to medical condition or safety concerns 90-Not attempted due to short-term medical conditions or safety concerns. --Not assessed/no information	QM	Y

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**Assessment Version:** E-012023

Assessment Item ID	Question Text	Response Code - Response Text	Item Use(s)	Changed since Last Assessment
GG0170P2	Picking up object: The ability to bend/stoop from a standing position to pick up a small object, such as a spoon, from the floor. - Discharge Goal	01-Dependent - Helper does ALL of the effort. {Patient/Resident/Person} does none of the effort to complete the activity. Or, the assistance of 2 or more helpers is required for the {patient/resident/person} to complete the activity. 02-Substantial/maximal assistance - Helper does MORE THAN HALF the effort. Helper lifts or holds trunk or limbs and provides more than half the effort. 03-Partial/moderate assistance - Helper does LESS THAN HALF the effort. Helper lifts, holds or supports trunk or limbs, but provides less than half the effort. 04-Supervision or touching assistance - Helper provides verbal cues and/or touching/steadying and/or contact guard assistance as {patient/resident/person} completes activity. Assistance may be provided throughout the activity or intermittently. 05-Setup or clean-up assistance - Helper sets up or cleans up; {patient/resident/person} completes activity. Helper assists only prior to or following the activity. 06-Independent - {Patient/Resident/Person} completes the activity by {him/herself/themself} with no assistance from a helper. 07-{Patient/Resident/Person} refused 09-Not applicable - Not attempted and the {patient/resident/person} did not perform this activity prior to the current illness, exacerbation, or injury. 10-Not attempted due to environmental limitations (e.g., lack of equipment, weather constraints) 11-Not applicable - {Patient/Resident/Person} does not usually do this activity. 88-Not attempted due to medical condition or safety concerns 90-Not attempted due to short-term medical conditions or safety concerns. --Not assessed/no information	*	Y
GG0170Q1	Does the patient use a wheelchair and/or scooter? - Admission	0-No 1-Yes --Not assessed/no information	QM	N





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Assessment Item ID	Question Text	Response Code - Response Text	Item Use(s)	Changed since Last Assessment
GG0170R1	Wheel 50 feet with two turns: Once seated in wheelchair/scooter, the ability to wheel at least 50 feet and make two turns. - Admission Performance	01-Dependent - Helper does ALL of the effort. {Patient/Resident/Person} does none of the effort to complete the activity. Or, the assistance of 2 or more helpers is required for the {patient/resident/person} to complete the activity. 02-Substantial/maximal assistance - Helper does MORE THAN HALF the effort. Helper lifts or holds trunk or limbs and provides more than half the effort. 03-Partial/moderate assistance - Helper does LESS THAN HALF the effort. Helper lifts, holds or supports trunk or limbs, but provides less than half the effort. 04-Supervision or touching assistance - Helper provides verbal cues and/or touching/steadying and/or contact guard assistance as {patient/resident/person} completes activity. Assistance may be provided throughout the activity or intermittently. 05-Setup or clean-up assistance - Helper sets up or cleans up; {patient/resident/person} completes activity. Helper assists only prior to or following the activity. 06-Independent - {Patient/Resident/Person} completes the activity by {him/herself/themself} with no assistance from a helper. 07-{Patient/Resident/Person} refused 09-Not applicable - Not attempted and the {patient/resident/person} did not perform this activity prior to the current illness, exacerbation, or injury. 10-Not attempted due to environmental limitations (e.g., lack of equipment, weather constraints) 11-Not applicable - {Patient/Resident/Person} does not usually do this activity. 88-Not attempted due to medical condition or safety concerns 90-Not attempted due to short-term medical conditions or safety concerns. ^-Blank (skip pattern) --Not assessed/no information	QM	Y



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Assessment Item ID	Question Text	Response Code - Response Text	Item Use(s)	Changed since Last Assessment
GG0170R2	Wheel 50 feet with two turns: Once seated in wheelchair/scooter, the ability to wheel at least 50 feet and make two turns. - Discharge Goal	01-Dependent - Helper does ALL of the effort. {Patient/Resident/Person} does none of the effort to complete the activity. Or, the assistance of 2 or more helpers is required for the {patient/resident/person} to complete the activity. 02-Substantial/maximal assistance - Helper does MORE THAN HALF the effort. Helper lifts or holds trunk or limbs and provides more than half the effort. 03-Partial/moderate assistance - Helper does LESS THAN HALF the effort. Helper lifts, holds or supports trunk or limbs, but provides less than half the effort. 04-Supervision or touching assistance - Helper provides verbal cues and/or touching/steadying and/or contact guard assistance as {patient/resident/person} completes activity. Assistance may be provided throughout the activity or intermittently. 05-Setup or clean-up assistance - Helper sets up or cleans up; {patient/resident/person} completes activity. Helper assists only prior to or following the activity. 06-Independent - {Patient/Resident/Person} completes the activity by {him/herself/themself} with no assistance from a helper. 07-{Patient/Resident/Person} refused 09-Not applicable - Not attempted and the {patient/resident/person} did not perform this activity prior to the current illness, exacerbation, or injury. 10-Not attempted due to environmental limitations (e.g., lack of equipment, weather constraints) 11-Not applicable - {Patient/Resident/Person} does not usually do this activity. 88-Not attempted due to medical condition or safety concerns 90-Not attempted due to short-term medical conditions or safety concerns. ^-Blank (skip pattern) --Not assessed/no information	QM	Y
GG0170RR1	Indicate the type of wheelchair or scooter used. - Admission	1-Manual 2-Motorized ^-Blank (skip pattern) --Not assessed/no information	*	N



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Assessment Item ID	Question Text	Response Code - Response Text	Item Use(s)	Changed since Last Assessment
GG0170S1	Wheel 150 feet: Once seated in wheelchair/scooter, the ability to wheel at least 150 feet in a corridor or similar space. - Admission Performance	01-Dependent - Helper does ALL of the effort. {Patient/Resident/Person} does none of the effort to complete the activity. Or, the assistance of 2 or more helpers is required for the {patient/resident/person} to complete the activity. 02-Substantial/maximal assistance - Helper does MORE THAN HALF the effort. Helper lifts or holds trunk or limbs and provides more than half the effort. 03-Partial/moderate assistance - Helper does LESS THAN HALF the effort. Helper lifts, holds or supports trunk or limbs, but provides less than half the effort. 04-Supervision or touching assistance - Helper provides verbal cues and/or touching/steadying and/or contact guard assistance as {patient/resident/person} completes activity. Assistance may be provided throughout the activity or intermittently. 05-Setup or clean-up assistance - Helper sets up or cleans up; {patient/resident/person} completes activity. Helper assists only prior to or following the activity. 06-Independent - {Patient/Resident/Person} completes the activity by {him/herself/themself} with no assistance from a helper. 07-{Patient/Resident/Person} refused 09-Not applicable - Not attempted and the {patient/resident/person} did not perform this activity prior to the current illness, exacerbation, or injury. 10-Not attempted due to environmental limitations (e.g., lack of equipment, weather constraints) 11-Not applicable - {Patient/Resident/Person} does not usually do this activity. 88-Not attempted due to medical condition or safety concerns 90-Not attempted due to short-term medical conditions or safety concerns. ^-Blank (skip pattern) --Not assessed/no information	QM	Y

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**Assessment Instrument:** OASIS

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Assessment Item ID	Question Text	Response Code - Response Text	Item Use(s)	Changed since Last Assessment
GG0170S2	Wheel 150 feet: Once seated in wheelchair/scooter, the ability to wheel at least 150 feet in a corridor or similar space. - Discharge Goal	01-Dependent - Helper does ALL of the effort. {Patient/Resident/Person} does none of the effort to complete the activity. Or, the assistance of 2 or more helpers is required for the {patient/resident/person} to complete the activity. 02-Substantial/maximal assistance - Helper does MORE THAN HALF the effort. Helper lifts or holds trunk or limbs and provides more than half the effort. 03-Partial/moderate assistance - Helper does LESS THAN HALF the effort. Helper lifts, holds or supports trunk or limbs, but provides less than half the effort. 04-Supervision or touching assistance - Helper provides verbal cues and/or touching/steadying and/or contact guard assistance as {patient/resident/person} completes activity. Assistance may be provided throughout the activity or intermittently. 05-Setup or clean-up assistance - Helper sets up or cleans up; {patient/resident/person} completes activity. Helper assists only prior to or following the activity. 06-Independent - {Patient/Resident/Person} completes the activity by {him/herself/themself} with no assistance from a helper. 07-{Patient/Resident/Person} refused 09-Not applicable - Not attempted and the {patient/resident/person} did not perform this activity prior to the current illness, exacerbation, or injury. 10-Not attempted due to environmental limitations (e.g., lack of equipment, weather constraints) 11-Not applicable - {Patient/Resident/Person} does not usually do this activity. 88-Not attempted due to medical condition or safety concerns 90-Not attempted due to short-term medical conditions or safety concerns. ^-Blank (skip pattern) --Not assessed/no information	QM	Y
GG0170SS1	Indicate the type of wheelchair or scooter used. - Admission	1-Manual 2-Motorized ^-Blank (skip pattern) --Not assessed/no information	QM	N
GG0170_4	Mobility. Code the patient's usual performance at Follow-up for each activity using the 6-point scale. If activity was not attempted at Follow-up code the reason.	*	*	N



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Assessment Item ID	Question Text	Response Code - Response Text	Item Use(s)	Changed since Last Assessment
GG0170A4	Roll left and right: The ability to roll from lying on back to left and right side, and return to lying on back on the bed. - Follow-up Performance	01-Dependent - Helper does ALL of the effort. {Patient/Resident/Person} does none of the effort to complete the activity. Or, the assistance of 2 or more helpers is required for the {patient/resident/person} to complete the activity. 02-Substantial/maximal assistance - Helper does MORE THAN HALF the effort. Helper lifts or holds trunk or limbs and provides more than half the effort. 03-Partial/moderate assistance - Helper does LESS THAN HALF the effort. Helper lifts, holds or supports trunk or limbs, but provides less than half the effort. 04-Supervision or touching assistance - Helper provides verbal cues and/or touching/steadying and/or contact guard assistance as {patient/resident/person} completes activity. Assistance may be provided throughout the activity or intermittently. 05-Setup or clean-up assistance - Helper sets up or cleans up; {patient/resident/person} completes activity. Helper assists only prior to or following the activity. 06-Independent - {Patient/Resident/Person} completes the activity by {him/herself/themself} with no assistance from a helper. 07-{Patient/Resident/Person} refused 09-Not applicable - Not attempted and the {patient/resident/person} did not perform this activity prior to the current illness, exacerbation, or injury. 10-Not attempted due to environmental limitations (e.g., lack of equipment, weather constraints) 11-Not applicable - {Patient/Resident/Person} does not usually do this activity. 88-Not attempted due to medical condition or safety concerns 90-Not attempted due to short-term medical conditions or safety concerns. --Not assessed/no information	*	Y



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Assessment Item ID	Question Text	Response Code - Response Text	Item Use(s)	Changed since Last Assessment
GG0170B4	Sit to lying: The ability to move from sitting on side of bed to lying flat on the bed. - Follow-up Performance	01-Dependent - Helper does ALL of the effort. {Patient/Resident/Person} does none of the effort to complete the activity. Or, the assistance of 2 or more helpers is required for the {patient/resident/person} to complete the activity. 02-Substantial/maximal assistance - Helper does MORE THAN HALF the effort. Helper lifts or holds trunk or limbs and provides more than half the effort. 03-Partial/moderate assistance - Helper does LESS THAN HALF the effort. Helper lifts, holds or supports trunk or limbs, but provides less than half the effort. 04-Supervision or touching assistance - Helper provides verbal cues and/or touching/steadying and/or contact guard assistance as {patient/resident/person} completes activity. Assistance may be provided throughout the activity or intermittently. 05-Setup or clean-up assistance - Helper sets up or cleans up; {patient/resident/person} completes activity. Helper assists only prior to or following the activity. 06-Independent - {Patient/Resident/Person} completes the activity by {him/herself/themself} with no assistance from a helper. 07-{Patient/Resident/Person} refused 09-Not applicable - Not attempted and the {patient/resident/person} did not perform this activity prior to the current illness, exacerbation, or injury. 10-Not attempted due to environmental limitations (e.g., lack of equipment, weather constraints) 11-Not applicable - {Patient/Resident/Person} does not usually do this activity. 88-Not attempted due to medical condition or safety concerns 90-Not attempted due to short-term medical conditions or safety concerns. --Not assessed/no information	*	Y



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Assessment Item ID	Question Text	Response Code - Response Text	Item Use(s)	Changed since Last Assessment
GG0170C4	Lying to sitting on side of bed: The ability to move from lying on the back to sitting on the side of the bed with no back support. - Follow-up Performance	01-Dependent - Helper does ALL of the effort. {Patient/Resident/Person} does none of the effort to complete the activity. Or, the assistance of 2 or more helpers is required for the {patient/resident/person} to complete the activity. 02-Substantial/maximal assistance - Helper does MORE THAN HALF the effort. Helper lifts or holds trunk or limbs and provides more than half the effort. 03-Partial/moderate assistance - Helper does LESS THAN HALF the effort. Helper lifts, holds or supports trunk or limbs, but provides less than half the effort. 04-Supervision or touching assistance - Helper provides verbal cues and/or touching/steadying and/or contact guard assistance as {patient/resident/person} completes activity. Assistance may be provided throughout the activity or intermittently. 05-Setup or clean-up assistance - Helper sets up or cleans up; {patient/resident/person} completes activity. Helper assists only prior to or following the activity. 06-Independent - {Patient/Resident/Person} completes the activity by {him/herself/themself} with no assistance from a helper. 07-{Patient/Resident/Person} refused 09-Not applicable - Not attempted and the {patient/resident/person} did not perform this activity prior to the current illness, exacerbation, or injury. 10-Not attempted due to environmental limitations (e.g., lack of equipment, weather constraints) 11-Not applicable - {Patient/Resident/Person} does not usually do this activity. 88-Not attempted due to medical condition or safety concerns 90-Not attempted due to short-term medical conditions or safety concerns. --Not assessed/no information	*	Y



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Assessment Item ID	Question Text	Response Code - Response Text	Item Use(s)	Changed since Last Assessment
GG0170D4	Sit to stand: The ability to come to a standing position from sitting in a chair, wheelchair, or on the side of the bed. - Follow-up Performance	01-Dependent - Helper does ALL of the effort. {Patient/Resident/Person} does none of the effort to complete the activity. Or, the assistance of 2 or more helpers is required for the {patient/resident/person} to complete the activity. 02-Substantial/maximal assistance - Helper does MORE THAN HALF the effort. Helper lifts or holds trunk or limbs and provides more than half the effort. 03-Partial/moderate assistance - Helper does LESS THAN HALF the effort. Helper lifts, holds or supports trunk or limbs, but provides less than half the effort. 04-Supervision or touching assistance - Helper provides verbal cues and/or touching/steadying and/or contact guard assistance as {patient/resident/person} completes activity. Assistance may be provided throughout the activity or intermittently. 05-Setup or clean-up assistance - Helper sets up or cleans up; {patient/resident/person} completes activity. Helper assists only prior to or following the activity. 06-Independent - {Patient/Resident/Person} completes the activity by {him/herself/themself} with no assistance from a helper. 07-{Patient/Resident/Person} refused 09-Not applicable - Not attempted and the {patient/resident/person} did not perform this activity prior to the current illness, exacerbation, or injury. 10-Not attempted due to environmental limitations (e.g., lack of equipment, weather constraints) 11-Not applicable - {Patient/Resident/Person} does not usually do this activity. 88-Not attempted due to medical condition or safety concerns 90-Not attempted due to short-term medical conditions or safety concerns. --Not assessed/no information	*	Y





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Assessment Item ID	Question Text	Response Code - Response Text	Item Use(s)	Changed since Last Assessment
GG0170E4	Chair/bed-to-chair transfer: The ability to transfer to and from a bed to a chair (or wheelchair). - Follow-up Performance	01-Dependent - Helper does ALL of the effort. {Patient/Resident/Person} does none of the effort to complete the activity. Or, the assistance of 2 or more helpers is required for the {patient/resident/person} to complete the activity. 02-Substantial/maximal assistance - Helper does MORE THAN HALF the effort. Helper lifts or holds trunk or limbs and provides more than half the effort. 03-Partial/moderate assistance - Helper does LESS THAN HALF the effort. Helper lifts, holds or supports trunk or limbs, but provides less than half the effort. 04-Supervision or touching assistance - Helper provides verbal cues and/or touching/steadying and/or contact guard assistance as {patient/resident/person} completes activity. Assistance may be provided throughout the activity or intermittently. 05-Setup or clean-up assistance - Helper sets up or cleans up; {patient/resident/person} completes activity. Helper assists only prior to or following the activity. 06-Independent - {Patient/Resident/Person} completes the activity by {him/herself/themself} with no assistance from a helper. 07-{Patient/Resident/Person} refused 09-Not applicable - Not attempted and the {patient/resident/person} did not perform this activity prior to the current illness, exacerbation, or injury. 10-Not attempted due to environmental limitations (e.g., lack of equipment, weather constraints) 88-Not attempted due to medical condition or safety concerns --Not assessed/no information	*	Y



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Assessment Item ID	Question Text	Response Code - Response Text	Item Use(s)	Changed since Last Assessment
GG0170F4	Toilet transfer: The ability to get on and off a toilet or commode. - Follow-up Performance	01-Dependent - Helper does ALL of the effort. {Patient/Resident/Person} does none of the effort to complete the activity. Or, the assistance of 2 or more helpers is required for the {patient/resident/person} to complete the activity. 02-Substantial/maximal assistance - Helper does MORE THAN HALF the effort. Helper lifts or holds trunk or limbs and provides more than half the effort. 03-Partial/moderate assistance - Helper does LESS THAN HALF the effort. Helper lifts, holds or supports trunk or limbs, but provides less than half the effort. 04-Supervision or touching assistance - Helper provides verbal cues and/or touching/steadying and/or contact guard assistance as {patient/resident/person} completes activity. Assistance may be provided throughout the activity or intermittently. 05-Setup or clean-up assistance - Helper sets up or cleans up; {patient/resident/person} completes activity. Helper assists only prior to or following the activity. 06-Independent - {Patient/Resident/Person} completes the activity by {him/herself/themself} with no assistance from a helper. 07-{Patient/Resident/Person} refused 09-Not applicable - Not attempted and the {patient/resident/person} did not perform this activity prior to the current illness, exacerbation, or injury. 10-Not attempted due to environmental limitations (e.g., lack of equipment, weather constraints) 11-Not applicable - {Patient/Resident/Person} does not usually do this activity. 88-Not attempted due to medical condition or safety concerns 90-Not attempted due to short-term medical conditions or safety concerns. --Not assessed/no information	*	Y



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Assessment Item ID	Question Text	Response Code - Response Text	Item Use(s)	Changed since Last Assessment
GG0170I4	Walk 10 feet: Once standing, the ability to walk at least 10 feet in a room, corridor, or similar space. - Follow-up Performance	01-Dependent - Helper does ALL of the effort. {Patient/Resident/Person} does none of the effort to complete the activity. Or, the assistance of 2 or more helpers is required for the {patient/resident/person} to complete the activity. 02-Substantial/maximal assistance - Helper does MORE THAN HALF the effort. Helper lifts or holds trunk or limbs and provides more than half the effort. 03-Partial/moderate assistance - Helper does LESS THAN HALF the effort. Helper lifts, holds or supports trunk or limbs, but provides less than half the effort. 04-Supervision or touching assistance - Helper provides verbal cues and/or touching/steadying and/or contact guard assistance as {patient/resident/person} completes activity. Assistance may be provided throughout the activity or intermittently. 05-Setup or clean-up assistance - Helper sets up or cleans up; {patient/resident/person} completes activity. Helper assists only prior to or following the activity. 06-Independent - {Patient/Resident/Person} completes the activity by {him/herself/themself} with no assistance from a helper. 07-{Patient/Resident/Person} refused 09-Not applicable - Not attempted and the {patient/resident/person} did not perform this activity prior to the current illness, exacerbation, or injury. 10-Not attempted due to environmental limitations (e.g., lack of equipment, weather constraints) 11-Not applicable - {Patient/Resident/Person} does not usually do this activity. 88-Not attempted due to medical condition or safety concerns 90-Not attempted due to short-term medical conditions or safety concerns. --Not assessed/no information	*	Y



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Assessment Item ID	Question Text	Response Code - Response Text	Item Use(s)	Changed since Last Assessment
GG0170J4	Walk 50 feet with two turns: Once standing, the ability to walk 50 feet and make two turns. - Follow-up Performance	01-Dependent - Helper does ALL of the effort. {Patient/Resident/Person} does none of the effort to complete the activity. Or, the assistance of 2 or more helpers is required for the {patient/resident/person} to complete the activity. 02-Substantial/maximal assistance - Helper does MORE THAN HALF the effort. Helper lifts or holds trunk or limbs and provides more than half the effort. 03-Partial/moderate assistance - Helper does LESS THAN HALF the effort. Helper lifts, holds or supports trunk or limbs, but provides less than half the effort. 04-Supervision or touching assistance - Helper provides verbal cues and/or touching/steadying and/or contact guard assistance as {patient/resident/person} completes activity. Assistance may be provided throughout the activity or intermittently. 05-Setup or clean-up assistance - Helper sets up or cleans up; {patient/resident/person} completes activity. Helper assists only prior to or following the activity. 06-Independent - {Patient/Resident/Person} completes the activity by {him/herself/themself} with no assistance from a helper. 07-{Patient/Resident/Person} refused 09-Not applicable - Not attempted and the {patient/resident/person} did not perform this activity prior to the current illness, exacerbation, or injury. 10-Not attempted due to environmental limitations (e.g., lack of equipment, weather constraints) 11-Not applicable - {Patient/Resident/Person} does not usually do this activity. 88-Not attempted due to medical condition or safety concerns 90-Not attempted due to short-term medical conditions or safety concerns. ^-Blank (skip pattern) --Not assessed/no information	*	Y



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Assessment Item ID	Question Text	Response Code - Response Text	Item Use(s)	Changed since Last Assessment
GG0170L4	Walking 10 feet on uneven surfaces: The ability to walk 10 feet on uneven or sloping surfaces (indoor or outdoor), such as turf or gravel. - Follow-up Performance	01-Dependent - Helper does ALL of the effort. {Patient/Resident/Person} does none of the effort to complete the activity. Or, the assistance of 2 or more helpers is required for the {patient/resident/person} to complete the activity. 02-Substantial/maximal assistance - Helper does MORE THAN HALF the effort. Helper lifts or holds trunk or limbs and provides more than half the effort. 03-Partial/moderate assistance - Helper does LESS THAN HALF the effort. Helper lifts, holds or supports trunk or limbs, but provides less than half the effort. 04-Supervision or touching assistance - Helper provides verbal cues and/or touching/steadying and/or contact guard assistance as {patient/resident/person} completes activity. Assistance may be provided throughout the activity or intermittently. 05-Setup or clean-up assistance - Helper sets up or cleans up; {patient/resident/person} completes activity. Helper assists only prior to or following the activity. 06-Independent - {Patient/Resident/Person} completes the activity by him/herself with no assistance from a helper. 07-{Patient/Resident/Person} refused 09-Not applicable - Not attempted and the {patient/resident/person} did not perform this activity prior to the current illness, exacerbation, or injury. 10-Not attempted due to environmental limitations (e.g., lack of equipment, weather constraints) 11-Not applicable - {Patient/Resident/Person} does not usually do this activity. 88-Not attempted due to medical condition or safety concerns 90-Not attempted due to short-term medical conditions or safety concerns. ^-Blank (skip pattern) --Not assessed/no information	*	Y



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Assessment Item ID	Question Text	Response Code - Response Text	Item Use(s)	Changed since Last Assessment
GG0170M4	1 step (curb): The ability to go up and down a curb or up and down one step. - Follow-up Performance	01-Dependent - Helper does ALL of the effort. {Patient/Resident/Person} does none of the effort to complete the activity. Or, the assistance of 2 or more helpers is required for the {patient/resident/person} to complete the activity. 02-Substantial/maximal assistance - Helper does MORE THAN HALF the effort. Helper lifts or holds trunk or limbs and provides more than half the effort. 03-Partial/moderate assistance - Helper does LESS THAN HALF the effort. Helper lifts, holds or supports trunk or limbs, but provides less than half the effort. 04-Supervision or touching assistance - Helper provides verbal cues and/or touching/steadying and/or contact guard assistance as {patient/resident/person} completes activity. Assistance may be provided throughout the activity or intermittently. 05-Setup or clean-up assistance - Helper sets up or cleans up; {patient/resident/person} completes activity. Helper assists only prior to or following the activity. 06-Independent - {Patient/Resident/Person} completes the activity by {him/herself/themself} with no assistance from a helper. 07-{Patient/Resident/Person} refused 09-Not applicable - Not attempted and the {patient/resident/person} did not perform this activity prior to the current illness, exacerbation, or injury. 10-Not attempted due to environmental limitations (e.g., lack of equipment, weather constraints) 11-Not applicable - {Patient/Resident/Person} does not usually do this activity. 88-Not attempted due to medical condition or safety concerns 90-Not attempted due to short-term medical conditions or safety concerns. --Not assessed/no information	*	Y



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Assessment Item ID	Question Text	Response Code - Response Text	Item Use(s)	Changed since Last Assessment
GG0170N4	4 steps: The ability to go up and down four steps with or without a rail. - Follow-up Performance	01-Dependent - Helper does ALL of the effort. {Patient/Resident/Person} does none of the effort to complete the activity. Or, the assistance of 2 or more helpers is required for the {patient/resident/person} to complete the activity. 02-Substantial/maximal assistance - Helper does MORE THAN HALF the effort. Helper lifts or holds trunk or limbs and provides more than half the effort. 03-Partial/moderate assistance - Helper does LESS THAN HALF the effort. Helper lifts, holds or supports trunk or limbs, but provides less than half the effort. 04-Supervision or touching assistance - Helper provides verbal cues and/or touching/steadying and/or contact guard assistance as {patient/resident/person} completes activity. Assistance may be provided throughout the activity or intermittently. 05-Setup or clean-up assistance - Helper sets up or cleans up; {patient/resident/person} completes activity. Helper assists only prior to or following the activity. 06-Independent - {Patient/Resident/Person} completes the activity by {him/herself/themself} with no assistance from a helper. 07-{Patient/Resident/Person} refused 09-Not applicable - Not attempted and the {patient/resident/person} did not perform this activity prior to the current illness, exacerbation, or injury. 10-Not attempted due to environmental limitations (e.g., lack of equipment, weather constraints) 11-Not applicable - {Patient/Resident/Person} does not usually do this activity. 88-Not attempted due to medical condition or safety concerns 90-Not attempted due to short-term medical conditions or safety concerns. ^-Blank (skip pattern) --Not assessed/no information	*	Y
GG0170Q4	Does the patient use a wheelchair and/or scooter? - Follow-up Performance	0-No 1-Yes --Not assessed/no information	*	N



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GG0170R4	Wheel 50 feet with two turns: Once seated in wheelchair/scooter, the ability to wheel at least 50 feet and make two turns. - Follow-up Performance	01-Dependent - Helper does ALL of the effort. {Patient/Resident/Person} does none of the effort to complete the activity. Or, the assistance of 2 or more helpers is required for the {patient/resident/person} to complete the activity. 02-Substantial/maximal assistance - Helper does MORE THAN HALF the effort. Helper lifts or holds trunk or limbs and provides more than half the effort. 03-Partial/moderate assistance - Helper does LESS THAN HALF the effort. Helper lifts, holds or supports trunk or limbs, but provides less than half the effort. 04-Supervision or touching assistance - Helper provides verbal cues and/or touching/steadying and/or contact guard assistance as {patient/resident/person} completes activity. Assistance may be provided throughout the activity or intermittently. 05-Setup or clean-up assistance - Helper sets up or cleans up; {patient/resident/person} completes activity. Helper assists only prior to or following the activity. 06-Independent - {Patient/Resident/Person} completes the activity by {him/herself/themself} with no assistance from a helper. 07-{Patient/Resident/Person} refused 09-Not applicable - Not attempted and the {patient/resident/person} did not perform this activity prior to the current illness, exacerbation, or injury. 10-Not attempted due to environmental limitations (e.g., lack of equipment, weather constraints) 11-Not applicable - {Patient/Resident/Person} does not usually do this activity. 88-Not attempted due to medical condition or safety concerns 90-Not attempted due to short-term medical conditions or safety concerns. ^-Blank (skip pattern) --Not assessed/no information	*	Y
GG0170_3	Mobility. Code the patient's usual performance at discharge for each activity using the 6-point scale. If an activity was not attempted at discharge, code the reason.	*	*	N





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Assessment Item ID	Question Text	Response Code - Response Text	Item Use(s)	Changed since Last Assessment
GG0170A3	Roll left and right: The ability to roll from lying on back to left and right side, and return to lying on back on the bed. - Discharge Performance	01-Dependent - Helper does ALL of the effort. {Patient/Resident/Person} does none of the effort to complete the activity. Or, the assistance of 2 or more helpers is required for the {patient/resident/person} to complete the activity. 02-Substantial/maximal assistance - Helper does MORE THAN HALF the effort. Helper lifts or holds trunk or limbs and provides more than half the effort. 03-Partial/moderate assistance - Helper does LESS THAN HALF the effort. Helper lifts, holds or supports trunk or limbs, but provides less than half the effort. 04-Supervision or touching assistance - Helper provides verbal cues and/or touching/steadying and/or contact guard assistance as {patient/resident/person} completes activity. Assistance may be provided throughout the activity or intermittently. 05-Setup or clean-up assistance - Helper sets up or cleans up; {patient/resident/person} completes activity. Helper assists only prior to or following the activity. 06-Independent - {Patient/Resident/Person} completes the activity by {him/herself/themself} with no assistance from a helper. 07-{Patient/Resident/Person} refused 09-Not applicable - Not attempted and the {patient/resident/person} did not perform this activity prior to the current illness, exacerbation, or injury. 10-Not attempted due to environmental limitations (e.g., lack of equipment, weather constraints) 11-Not applicable - {Patient/Resident/Person} does not usually do this activity. 88-Not attempted due to medical condition or safety concerns 90-Not attempted due to short-term medical conditions or safety concerns. --Not assessed/no information	*	Y



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Assessment Item ID	Question Text	Response Code - Response Text	Item Use(s)	Changed since Last Assessment
GG0170B3	Sit to lying: The ability to move from sitting on side of bed to lying flat on the bed. - Discharge Performance	01-Dependent - Helper does ALL of the effort. {Patient/Resident/Person} does none of the effort to complete the activity. Or, the assistance of 2 or more helpers is required for the {patient/resident/person} to complete the activity. 02-Substantial/maximal assistance - Helper does MORE THAN HALF the effort. Helper lifts or holds trunk or limbs and provides more than half the effort. 03-Partial/moderate assistance - Helper does LESS THAN HALF the effort. Helper lifts, holds or supports trunk or limbs, but provides less than half the effort. 04-Supervision or touching assistance - Helper provides verbal cues and/or touching/steadying and/or contact guard assistance as {patient/resident/person} completes activity. Assistance may be provided throughout the activity or intermittently. 05-Setup or clean-up assistance - Helper sets up or cleans up; {patient/resident/person} completes activity. Helper assists only prior to or following the activity. 06-Independent - {Patient/Resident/Person} completes the activity by {him/herself/themself} with no assistance from a helper. 07-{Patient/Resident/Person} refused 09-Not applicable - Not attempted and the {patient/resident/person} did not perform this activity prior to the current illness, exacerbation, or injury. 10-Not attempted due to environmental limitations (e.g., lack of equipment, weather constraints) 11-Not applicable - {Patient/Resident/Person} does not usually do this activity. 88-Not attempted due to medical condition or safety concerns 90-Not attempted due to short-term medical conditions or safety concerns. --Not assessed/no information	QM	Y



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Assessment Item ID	Question Text	Response Code - Response Text	Item Use(s)	Changed since Last Assessment
GG0170C3	Lying to sitting on side of bed: The ability to move from lying on the back to sitting on the side of the bed with no back support. - Discharge Performance	01-Dependent - Helper does ALL of the effort. {Patient/Resident/Person} does none of the effort to complete the activity. Or, the assistance of 2 or more helpers is required for the {patient/resident/person} to complete the activity. 02-Substantial/maximal assistance - Helper does MORE THAN HALF the effort. Helper lifts or holds trunk or limbs and provides more than half the effort. 03-Partial/moderate assistance - Helper does LESS THAN HALF the effort. Helper lifts, holds or supports trunk or limbs, but provides less than half the effort. 04-Supervision or touching assistance - Helper provides verbal cues and/or touching/steadying and/or contact guard assistance as {patient/resident/person} completes activity. Assistance may be provided throughout the activity or intermittently. 05-Setup or clean-up assistance - Helper sets up or cleans up; {patient/resident/person} completes activity. Helper assists only prior to or following the activity. 06-Independent - {Patient/Resident/Person} completes the activity by {him/herself/themself} with no assistance from a helper. 07-{Patient/Resident/Person} refused 09-Not applicable - Not attempted and the {patient/resident/person} did not perform this activity prior to the current illness, exacerbation, or injury. 10-Not attempted due to environmental limitations (e.g., lack of equipment, weather constraints) 11-Not applicable - {Patient/Resident/Person} does not usually do this activity. 88-Not attempted due to medical condition or safety concerns 90-Not attempted due to short-term medical conditions or safety concerns. --Not assessed/no information	QM	Y



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Assessment Item ID	Question Text	Response Code - Response Text	Item Use(s)	Changed since Last Assessment
GG0170D3	Sit to stand: The ability to come to a standing position from sitting in a chair, wheelchair, or on the side of the bed. - Discharge Performance	01-Dependent - Helper does ALL of the effort. {Patient/Resident/Person} does none of the effort to complete the activity. Or, the assistance of 2 or more helpers is required for the {patient/resident/person} to complete the activity. 02-Substantial/maximal assistance - Helper does MORE THAN HALF the effort. Helper lifts or holds trunk or limbs and provides more than half the effort. 03-Partial/moderate assistance - Helper does LESS THAN HALF the effort. Helper lifts, holds or supports trunk or limbs, but provides less than half the effort. 04-Supervision or touching assistance - Helper provides verbal cues and/or touching/steadying and/or contact guard assistance as {patient/resident/person} completes activity. Assistance may be provided throughout the activity or intermittently. 05-Setup or clean-up assistance - Helper sets up or cleans up; {patient/resident/person} completes activity. Helper assists only prior to or following the activity. 06-Independent - {Patient/Resident/Person} completes the activity by {him/herself/themself} with no assistance from a helper. 07-{Patient/Resident/Person} refused 09-Not applicable - Not attempted and the {patient/resident/person} did not perform this activity prior to the current illness, exacerbation, or injury. 10-Not attempted due to environmental limitations (e.g., lack of equipment, weather constraints) 11-Not applicable - {Patient/Resident/Person} does not usually do this activity. 88-Not attempted due to medical condition or safety concerns 90-Not attempted due to short-term medical conditions or safety concerns. --Not assessed/no information	QM	Y



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Assessment Item ID	Question Text	Response Code - Response Text	Item Use(s)	Changed since Last Assessment
GG0170E3	Chair/bed-to-chair transfer: The ability to transfer to and from a bed to a chair (or wheelchair). - Discharge Performance	01-Dependent - Helper does ALL of the effort. {Patient/Resident/Person} does none of the effort to complete the activity. Or, the assistance of 2 or more helpers is required for the {patient/resident/person} to complete the activity. 02-Substantial/maximal assistance - Helper does MORE THAN HALF the effort. Helper lifts or holds trunk or limbs and provides more than half the effort. 03-Partial/moderate assistance - Helper does LESS THAN HALF the effort. Helper lifts, holds or supports trunk or limbs, but provides less than half the effort. 04-Supervision or touching assistance - Helper provides verbal cues and/or touching/steadying and/or contact guard assistance as {patient/resident/person} completes activity. Assistance may be provided throughout the activity or intermittently. 05-Setup or clean-up assistance - Helper sets up or cleans up; {patient/resident/person} completes activity. Helper assists only prior to or following the activity. 06-Independent - {Patient/Resident/Person} completes the activity by {him/herself/themself} with no assistance from a helper. 07-{Patient/Resident/Person} refused 09-Not applicable - Not attempted and the {patient/resident/person} did not perform this activity prior to the current illness, exacerbation, or injury. 10-Not attempted due to environmental limitations (e.g., lack of equipment, weather constraints) 11-Not applicable - {Patient/Resident/Person} does not usually do this activity. 88-Not attempted due to medical condition or safety concerns 90-Not attempted due to short-term medical conditions or safety concerns. --Not assessed/no information	QM	Y



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Assessment Item ID	Question Text	Response Code - Response Text	Item Use(s)	Changed since Last Assessment
GG0170F3	Toilet transfer: The ability to get on and off a toilet or commode. - Discharge Performance	01-Dependent - Helper does ALL of the effort. {Patient/Resident/Person} does none of the effort to complete the activity. Or, the assistance of 2 or more helpers is required for the {patient/resident/person} to complete the activity. 02-Substantial/maximal assistance - Helper does MORE THAN HALF the effort. Helper lifts or holds trunk or limbs and provides more than half the effort. 03-Partial/moderate assistance - Helper does LESS THAN HALF the effort. Helper lifts, holds or supports trunk or limbs, but provides less than half the effort. 04-Supervision or touching assistance - Helper provides verbal cues and/or touching/steadying and/or contact guard assistance as {patient/resident/person} completes activity. Assistance may be provided throughout the activity or intermittently. 05-Setup or clean-up assistance - Helper sets up or cleans up; {patient/resident/person} completes activity. Helper assists only prior to or following the activity. 06-Independent - {Patient/Resident/Person} completes the activity by {him/herself/themself} with no assistance from a helper. 07-{Patient/Resident/Person} refused 09-Not applicable - Not attempted and the {patient/resident/person} did not perform this activity prior to the current illness, exacerbation, or injury. 10-Not attempted due to environmental limitations (e.g., lack of equipment, weather constraints) 11-Not applicable - {Patient/Resident/Person} does not usually do this activity. 88-Not attempted due to medical condition or safety concerns 90-Not attempted due to short-term medical conditions or safety concerns. --Not assessed/no information	QM	Y



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Assessment Item ID	Question Text	Response Code - Response Text	Item Use(s)	Changed since Last Assessment
GG0170G3	Car transfer: The ability to transfer in and out of a car or van on the passenger side. Does not include the ability to open/close door or fasten seat belt. - Discharge Performance	01-Dependent - Helper does ALL of the effort. {Patient/Resident/Person} does none of the effort to complete the activity. Or, the assistance of 2 or more helpers is required for the {patient/resident/person} to complete the activity. 02-Substantial/maximal assistance - Helper does MORE THAN HALF the effort. Helper lifts or holds trunk or limbs and provides more than half the effort. 03-Partial/moderate assistance - Helper does LESS THAN HALF the effort. Helper lifts, holds or supports trunk or limbs, but provides less than half the effort. 04-Supervision or touching assistance - Helper provides verbal cues and/or touching/steadying and/or contact guard assistance as {patient/resident/person} completes activity. Assistance may be provided throughout the activity or intermittently. 05-Setup or clean-up assistance - Helper sets up or cleans up; {patient/resident/person} completes activity. Helper assists only prior to or following the activity. 06-Independent - {Patient/Resident/Person} completes the activity by {him/herself/themself} with no assistance from a helper. 07-{Patient/Resident/Person} refused 09-Not applicable - Not attempted and the {patient/resident/person} did not perform this activity prior to the current illness, exacerbation, or injury. 10-Not attempted due to environmental limitations (e.g., lack of equipment, weather constraints) 11-Not applicable - {Patient/Resident/Person} does not usually do this activity. 88-Not attempted due to medical condition or safety concerns 90-Not attempted due to short-term medical conditions or safety concerns. --Not assessed/no information	*	Y



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Assessment Item ID	Question Text	Response Code - Response Text	Item Use(s)	Changed since Last Assessment
GG0170I3	Walk 10 feet: Once standing, the ability to walk at least 10 feet in a room, corridor, or similar space. - Discharge Performance	01-Dependent - Helper does ALL of the effort. {Patient/Resident/Person} does none of the effort to complete the activity. Or, the assistance of 2 or more helpers is required for the {patient/resident/person} to complete the activity. 02-Substantial/maximal assistance - Helper does MORE THAN HALF the effort. Helper lifts or holds trunk or limbs and provides more than half the effort. 03-Partial/moderate assistance - Helper does LESS THAN HALF the effort. Helper lifts, holds or supports trunk or limbs, but provides less than half the effort. 04-Supervision or touching assistance - Helper provides verbal cues and/or touching/steadying and/or contact guard assistance as {patient/resident/person} completes activity. Assistance may be provided throughout the activity or intermittently. 05-Setup or clean-up assistance - Helper sets up or cleans up; {patient/resident/person} completes activity. Helper assists only prior to or following the activity. 06-Independent - {Patient/Resident/Person} completes the activity by {him/herself/themself} with no assistance from a helper. 07-{Patient/Resident/Person} refused 09-Not applicable - Not attempted and the {patient/resident/person} did not perform this activity prior to the current illness, exacerbation, or injury. 10-Not attempted due to environmental limitations (e.g., lack of equipment, weather constraints) 11-Not applicable - {Patient/Resident/Person} does not usually do this activity. 88-Not attempted due to medical condition or safety concerns 90-Not attempted due to short-term medical conditions or safety concerns. --Not assessed/no information	QM	Y





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GG0170J3	Walk 50 feet with two turns: Once standing, the ability to walk 50 feet and make two turns. - Discharge Performance	01-Dependent - Helper does ALL of the effort. {Patient/Resident/Person} does none of the effort to complete the activity. Or, the assistance of 2 or more helpers is required for the {patient/resident/person} to complete the activity. 02-Substantial/maximal assistance - Helper does MORE THAN HALF the effort. Helper lifts or holds trunk or limbs and provides more than half the effort. 03-Partial/moderate assistance - Helper does LESS THAN HALF the effort. Helper lifts, holds or supports trunk or limbs, but provides less than half the effort. 04-Supervision or touching assistance - Helper provides verbal cues and/or touching/steadying and/or contact guard assistance as {patient/resident/person} completes activity. Assistance may be provided throughout the activity or intermittently. 05-Setup or clean-up assistance - Helper sets up or cleans up; {patient/resident/person} completes activity. Helper assists only prior to or following the activity. 06-Independent - {Patient/Resident/Person} completes the activity by {him/herself/themself} with no assistance from a helper. 07-{Patient/Resident/Person} refused 09-Not applicable - Not attempted and the {patient/resident/person} did not perform this activity prior to the current illness, exacerbation, or injury. 10-Not attempted due to environmental limitations (e.g., lack of equipment, weather constraints) 11-Not applicable - {Patient/Resident/Person} does not usually do this activity. 88-Not attempted due to medical condition or safety concerns 90-Not attempted due to short-term medical conditions or safety concerns. ^-Blank (skip pattern) --Not assessed/no information	QM	Y



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Assessment Item ID	Question Text	Response Code - Response Text	Item Use(s)	Changed since Last Assessment
GG0170K3	Walk 150 feet: Once standing, the ability to walk at least 150 feet in a corridor or similar space. - Discharge Performance	01-Dependent - Helper does ALL of the effort. {Patient/Resident/Person} does none of the effort to complete the activity. Or, the assistance of 2 or more helpers is required for the {patient/resident/person} to complete the activity. 02-Substantial/maximal assistance - Helper does MORE THAN HALF the effort. Helper lifts or holds trunk or limbs and provides more than half the effort. 03-Partial/moderate assistance - Helper does LESS THAN HALF the effort. Helper lifts, holds or supports trunk or limbs, but provides less than half the effort. 04-Supervision or touching assistance - Helper provides verbal cues and/or touching/steadying and/or contact guard assistance as {patient/resident/person} completes activity. Assistance may be provided throughout the activity or intermittently. 05-Setup or clean-up assistance - Helper sets up or cleans up; {patient/resident/person} completes activity. Helper assists only prior to or following the activity. 06-Independent - {Patient/Resident/Person} completes the activity by {him/herself/themself} with no assistance from a helper. 07-{Patient/Resident/Person} refused 09-Not applicable - Not attempted and the {patient/resident/person} did not perform this activity prior to the current illness, exacerbation, or injury. 10-Not attempted due to environmental limitations (e.g., lack of equipment, weather constraints) 11-Not applicable - {Patient/Resident/Person} does not usually do this activity. 88-Not attempted due to medical condition or safety concerns 90-Not attempted due to short-term medical conditions or safety concerns. ^-Blank (skip pattern) --Not assessed/no information	QM	Y



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GG0170L3	Walking 10 feet on uneven surfaces: The ability to walk 10 feet on uneven or sloping surfaces (indoor or outdoor), such as turf or gravel. - Discharge Performance	01-Dependent - Helper does ALL of the effort. {Patient/Resident/Person} does none of the effort to complete the activity. Or, the assistance of 2 or more helpers is required for the {patient/resident/person} to complete the activity. 02-Substantial/maximal assistance - Helper does MORE THAN HALF the effort. Helper lifts or holds trunk or limbs and provides more than half the effort. 03-Partial/moderate assistance - Helper does LESS THAN HALF the effort. Helper lifts, holds or supports trunk or limbs, but provides less than half the effort. 04-Supervision or touching assistance - Helper provides verbal cues and/or touching/steadying and/or contact guard assistance as {patient/resident/person} completes activity. Assistance may be provided throughout the activity or intermittently. 05-Setup or clean-up assistance - Helper sets up or cleans up; {patient/resident/person} completes activity. Helper assists only prior to or following the activity. 06-Independent - {Patient/Resident/Person} completes the activity by him/herself with no assistance from a helper. 07-{Patient/Resident/Person} refused 09-Not applicable - Not attempted and the {patient/resident/person} did not perform this activity prior to the current illness, exacerbation, or injury. 10-Not attempted due to environmental limitations (e.g., lack of equipment, weather constraints) 11-Not applicable - {Patient/Resident/Person} does not usually do this activity. 88-Not attempted due to medical condition or safety concerns 90-Not attempted due to short-term medical conditions or safety concerns. ^-Blank (skip pattern) --Not assessed/no information	*	Y



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GG0170M3	1 step (curb): The ability to go up and down a curb or up and down one step. - Discharge Performance	01-Dependent - Helper does ALL of the effort. {Patient/Resident/Person} does none of the effort to complete the activity. Or, the assistance of 2 or more helpers is required for the {patient/resident/person} to complete the activity. 02-Substantial/maximal assistance - Helper does MORE THAN HALF the effort. Helper lifts or holds trunk or limbs and provides more than half the effort. 03-Partial/moderate assistance - Helper does LESS THAN HALF the effort. Helper lifts, holds or supports trunk or limbs, but provides less than half the effort. 04-Supervision or touching assistance - Helper provides verbal cues and/or touching/steadying and/or contact guard assistance as {patient/resident/person} completes activity. Assistance may be provided throughout the activity or intermittently. 05-Setup or clean-up assistance - Helper sets up or cleans up; {patient/resident/person} completes activity. Helper assists only prior to or following the activity. 06-Independent - {Patient/Resident/Person} completes the activity by {him/herself/themself} with no assistance from a helper. 07-{Patient/Resident/Person} refused 09-Not applicable - Not attempted and the {patient/resident/person} did not perform this activity prior to the current illness, exacerbation, or injury. 10-Not attempted due to environmental limitations (e.g., lack of equipment, weather constraints) 11-Not applicable - {Patient/Resident/Person} does not usually do this activity. 88-Not attempted due to medical condition or safety concerns 90-Not attempted due to short-term medical conditions or safety concerns. --Not assessed/no information	*	Y



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GG0170N3	4 steps: The ability to go up and down four steps with or without a rail. - Discharge Performance	01-Dependent - Helper does ALL of the effort. {Patient/Resident/Person} does none of the effort to complete the activity. Or, the assistance of 2 or more helpers is required for the {patient/resident/person} to complete the activity. 02-Substantial/maximal assistance - Helper does MORE THAN HALF the effort. Helper lifts or holds trunk or limbs and provides more than half the effort. 03-Partial/moderate assistance - Helper does LESS THAN HALF the effort. Helper lifts, holds or supports trunk or limbs, but provides less than half the effort. 04-Supervision or touching assistance - Helper provides verbal cues and/or touching/steadying and/or contact guard assistance as {patient/resident/person} completes activity. Assistance may be provided throughout the activity or intermittently. 05-Setup or clean-up assistance - Helper sets up or cleans up; {patient/resident/person} completes activity. Helper assists only prior to or following the activity. 06-Independent - {Patient/Resident/Person} completes the activity by {him/herself/themself} with no assistance from a helper. 07-{Patient/Resident/Person} refused 09-Not applicable - Not attempted and the {patient/resident/person} did not perform this activity prior to the current illness, exacerbation, or injury. 10-Not attempted due to environmental limitations (e.g., lack of equipment, weather constraints) 11-Not applicable - {Patient/Resident/Person} does not usually do this activity. 88-Not attempted due to medical condition or safety concerns 90-Not attempted due to short-term medical conditions or safety concerns. ^-Blank (skip pattern) --Not assessed/no information	*	Y



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GG017003	12 steps: The ability to go up and down 12 steps with or without a rail. - Discharge Performance	01-Dependent - Helper does ALL of the effort. {Patient/Resident/Person} does none of the effort to complete the activity. Or, the assistance of 2 or more helpers is required for the {patient/resident/person} to complete the activity. 02-Substantial/maximal assistance - Helper does MORE THAN HALF the effort. Helper lifts or holds trunk or limbs and provides more than half the effort. 03-Partial/moderate assistance - Helper does LESS THAN HALF the effort. Helper lifts, holds or supports trunk or limbs, but provides less than half the effort. 04-Supervision or touching assistance - Helper provides verbal cues and/or touching/steadying and/or contact guard assistance as {patient/resident/person} completes activity. Assistance may be provided throughout the activity or intermittently. 05-Setup or clean-up assistance - Helper sets up or cleans up; {patient/resident/person} completes activity. Helper assists only prior to or following the activity. 06-Independent - {Patient/Resident/Person} completes the activity by {him/herself/themself} with no assistance from a helper. 07-{Patient/Resident/Person} refused 09-Not applicable - Not attempted and the {patient/resident/person} did not perform this activity prior to the current illness, exacerbation, or injury. 10-Not attempted due to environmental limitations (e.g., lack of equipment, weather constraints) 11-Not applicable - {Patient/Resident/Person} does not usually do this activity. 88-Not attempted due to medical condition or safety concerns 90-Not attempted due to short-term medical conditions or safety concerns. ^-Blank (skip pattern) --Not assessed/no information	*	Y



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GG0170P3	Picking up object: The ability to bend/stoop from a standing position to pick up a small object, such as a spoon, from the floor. - Discharge Performance	01-Dependent - Helper does ALL of the effort. {Patient/Resident/Person} does none of the effort to complete the activity. Or, the assistance of 2 or more helpers is required for the {patient/resident/person} to complete the activity. 02-Substantial/maximal assistance - Helper does MORE THAN HALF the effort. Helper lifts or holds trunk or limbs and provides more than half the effort. 03-Partial/moderate assistance - Helper does LESS THAN HALF the effort. Helper lifts, holds or supports trunk or limbs, but provides less than half the effort. 04-Supervision or touching assistance - Helper provides verbal cues and/or touching/steadying and/or contact guard assistance as {patient/resident/person} completes activity. Assistance may be provided throughout the activity or intermittently. 05-Setup or clean-up assistance - Helper sets up or cleans up; {patient/resident/person} completes activity. Helper assists only prior to or following the activity. 06-Independent - {Patient/Resident/Person} completes the activity by {him/herself/themself} with no assistance from a helper. 07-{Patient/Resident/Person} refused 09-Not applicable - Not attempted and the {patient/resident/person} did not perform this activity prior to the current illness, exacerbation, or injury. 10-Not attempted due to environmental limitations (e.g., lack of equipment, weather constraints) 11-Not applicable - {Patient/Resident/Person} does not usually do this activity. 88-Not attempted due to medical condition or safety concerns 90-Not attempted due to short-term medical conditions or safety concerns. --Not assessed/no information	*	Y
GG0170Q3	Does the patient use a wheelchair and/or scooter? - Discharge	0-No 1-Yes --Not assessed/no information	QM	N



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GG0170R3	Wheel 50 feet with two turns: Once seated in wheelchair/scooter, the ability to wheel at least 50 feet and make two turns. - Discharge Performance	01-Dependent - Helper does ALL of the effort. {Patient/Resident/Person} does none of the effort to complete the activity. Or, the assistance of 2 or more helpers is required for the {patient/resident/person} to complete the activity. 02-Substantial/maximal assistance - Helper does MORE THAN HALF the effort. Helper lifts or holds trunk or limbs and provides more than half the effort. 03-Partial/moderate assistance - Helper does LESS THAN HALF the effort. Helper lifts, holds or supports trunk or limbs, but provides less than half the effort. 04-Supervision or touching assistance - Helper provides verbal cues and/or touching/steadying and/or contact guard assistance as {patient/resident/person} completes activity. Assistance may be provided throughout the activity or intermittently. 05-Setup or clean-up assistance - Helper sets up or cleans up; {patient/resident/person} completes activity. Helper assists only prior to or following the activity. 06-Independent - {Patient/Resident/Person} completes the activity by {him/herself/themself} with no assistance from a helper. 07-{Patient/Resident/Person} refused 09-Not applicable - Not attempted and the {patient/resident/person} did not perform this activity prior to the current illness, exacerbation, or injury. 10-Not attempted due to environmental limitations (e.g., lack of equipment, weather constraints) 11-Not applicable - {Patient/Resident/Person} does not usually do this activity. 88-Not attempted due to medical condition or safety concerns 90-Not attempted due to short-term medical conditions or safety concerns. ^-Blank (skip pattern) --Not assessed/no information	QM	Y
GG0170RR3	Indicate the type of wheelchair or scooter used. - Discharge	1-Manual 2-Motorized ^-Blank (skip pattern) --Not assessed/no information	QM	N





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GG0170S3	Wheel 150 feet: Once seated in wheelchair/scooter, the ability to wheel at least 150 feet in a corridor or similar space. - Discharge Performance	01-Dependent - Helper does ALL of the effort. {Patient/Resident/Person} does none of the effort to complete the activity. Or, the assistance of 2 or more helpers is required for the {patient/resident/person} to complete the activity. 02-Substantial/maximal assistance - Helper does MORE THAN HALF the effort. Helper lifts or holds trunk or limbs and provides more than half the effort. 03-Partial/moderate assistance - Helper does LESS THAN HALF the effort. Helper lifts, holds or supports trunk or limbs, but provides less than half the effort. 04-Supervision or touching assistance - Helper provides verbal cues and/or touching/steadying and/or contact guard assistance as {patient/resident/person} completes activity. Assistance may be provided throughout the activity or intermittently. 05-Setup or clean-up assistance - Helper sets up or cleans up; {patient/resident/person} completes activity. Helper assists only prior to or following the activity. 06-Independent - {Patient/Resident/Person} completes the activity by {him/herself/themself} with no assistance from a helper. 07-{Patient/Resident/Person} refused 09-Not applicable - Not attempted and the {patient/resident/person} did not perform this activity prior to the current illness, exacerbation, or injury. 10-Not attempted due to environmental limitations (e.g., lack of equipment, weather constraints) 11-Not applicable - {Patient/Resident/Person} does not usually do this activity. 88-Not attempted due to medical condition or safety concerns 90-Not attempted due to short-term medical conditions or safety concerns. ^-Blank (skip pattern) --Not assessed/no information	QM	Y
GG0170SS3	Indicate the type of wheelchair or scooter used. - Discharge	1-Manual 2-Motorized ^-Blank (skip pattern) --Not assessed/no information	QM	N
M1600	Has this patient been treated for a Urinary Tract Infection in the past 14 days?	00-No 01-Yes NA-{Patient/Resident/Person} on prophylactic treatment UK-Unknown	*	N
M1610	Urinary Incontinence or Urinary Catheter Presence	00-No incontinence or catheter (includes anuria or ostomy for urinary drainage) 01-{Patient/Resident/Person} is incontinent 02-{Patient/Resident/Person} requires a urinary catheter (specifically: external, indwelling, intermittent, or suprapubic)	*	Y



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M1620	Bowel Incontinence Frequency	00-Very rarely or never has bowel incontinence 01-Less than once weekly 02-One to three times weekly 03-Four to six times weekly 04-On a daily basis 05-More often than once daily NA-{Patient/Resident/Person} has ostomy for bowel elimination UK-Unknown	*	Y
M1630	Ostomy for Bowel Elimination. Does this patient have an ostomy for bowel elimination that (within the last 14 days): a) was related to an inpatient facility stay; or b) necessitated a change in medical or treatment regimen?	00-{Patient/Resident/Person} does not have an ostomy for bowel elimination. 01-{Patient's/Resident's} ostomy was not related to an inpatient stay and did not necessitate change in medical or treatment regimen. 02-The ostomy was related to an inpatient stay or did necessitate change in medical or treatment regimen.	*	Y
M1028	Active Diagnoses - Comorbidities and Co-existing Conditions: Check all that apply. See OASIS Guidance Manual for a complete list of relevant ICD-10 codes.	1-Peripheral Vascular Disease (PVD) or Peripheral Arterial Disease (PAD) 2-Diabetes Mellitus (DM) 3-None of the above --Not assessed/no information	*	N
M1021	Primary Diagnosis. (Sequencing of diagnoses should reflect the seriousness of each condition and support the disciplines and services provided)	*	*	N
M1021_A2_ICD	Primary Diagnosis	ICD-ICD-10 diagnosis code	*	Y
M1021_A2_SEV	Primary Symptom Control Rating	00-Asymptomatic, no treatment needed at this time 01-Symptoms well controlled with current therapy 02-Symptoms controlled with difficulty, affecting daily functioning; {patient/resident/person} needs ongoing monitoring 03-Symptoms poorly controlled: {patient/resident/person} needs frequent adjustment in treatment and dose monitoring 04-Symptoms poorly controlled: history of re-hospitalizations ^No severity rating	*	Y



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M1023	Other Diagnoses. (Sequencing of diagnoses should reflect the seriousness of each condition and support the disciplines and services provided)	*	*	N
M1023_B2_ICD	Other Diagnosis b.	^-Blank (no diagnosis code) ICD-ICD-10 diagnosis code	*	Y
M1023_B2_SEV	Symptom Control Rating b.	00-Asymptomatic, no treatment needed at this time 01-Symptoms well controlled with current therapy 02-Symptoms controlled with difficulty, affecting daily functioning; {patient/resident/person} needs ongoing monitoring 03-Symptoms poorly controlled: {patient/resident/person} needs frequent adjustment in treatment and dose monitoring 04-Symptoms poorly controlled: history of re-hospitalizations ^-No severity rating	*	Y
M1023_C2_ICD	Other Diagnosis c.	^-Blank (no diagnosis code) ICD-ICD-10 diagnosis code	*	Y
M1023_C2_SEV	Symptom Control Rating c.	00-Asymptomatic, no treatment needed at this time 01-Symptoms well controlled with current therapy 02-Symptoms controlled with difficulty, affecting daily functioning; {patient/resident/person} needs ongoing monitoring 03-Symptoms poorly controlled: {patient/resident/person} needs frequent adjustment in treatment and dose monitoring 04-Symptoms poorly controlled: history of re-hospitalizations ^-No severity rating	*	Y
M1023_D2_ICD	Other Diagnosis d.	^-Blank (no diagnosis code) ICD-ICD-10 diagnosis code	*	Y
M1023_D2_SEV	Symptom Control Rating d.	00-Asymptomatic, no treatment needed at this time 01-Symptoms well controlled with current therapy 02-Symptoms controlled with difficulty, affecting daily functioning; {patient/resident/person} needs ongoing monitoring 03-Symptoms poorly controlled: {patient/resident/person} needs frequent adjustment in treatment and dose monitoring 04-Symptoms poorly controlled: history of re-hospitalizations ^-No severity rating	*	Y



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M1023_E2_ICD	Other Diagnosis e.	^-Blank (no diagnosis code) ICD-ICD-10 diagnosis code	*	Y
M1023_E2_SEV	Symptom Control Rating e.	00-Asymptomatic, no treatment needed at this time 01-Symptoms well controlled with current therapy 02-Symptoms controlled with difficulty, affecting daily functioning; {patient/resident/person} needs ongoing monitoring 03-Symptoms poorly controlled: {patient/resident/person} needs frequent adjustment in treatment and dose monitoring 04-Symptoms poorly controlled: history of re-hospitalizations ^-No severity rating	*	Y
M1023_F2_ICD	Other Diagnosis f.	^-Blank (no diagnosis code) ICD-ICD-10 diagnosis code	*	Y
M1023_F2_SEV	Symptom Control Rating f.	00-Asymptomatic, no treatment needed at this time 01-Symptoms well controlled with current therapy 02-Symptoms controlled with difficulty, affecting daily functioning; {patient/resident/person} needs ongoing monitoring 03-Symptoms poorly controlled: {patient/resident/person} needs frequent adjustment in treatment and dose monitoring 04-Symptoms poorly controlled: history of re-hospitalizations ^-No severity rating	*	Y
M1033	Risk for Hospitalization: Which of the following signs or symptoms characterize this patient as at risk for hospitalization? Check all that apply	01-History of falls (2 or more falls - or any fall with an injury - in the past 12 months) 02-Unintentional weight loss of a total of 10 pounds or more in the past 12 months 03-Multiple hospitalizations (2 or more) in the past 6 months 04-Multiple emergency department visits (2 or more) in the past 6 months 05-Diversion in mental, emotional, or behavioral status in the past 3 months 06-Reported or observed history of difficulty complying with any medical instructions (for example, medications, diet, exercise) in the past 3 months 07-Currently taking 5 or more medications 08-Currently reports exhaustion 09-Other risk(s) not listed in 1 - 8 10-None of the above	PDGM	N



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J0510	Pain Effect on Sleep. Ask patient: "Over the past 5 days, how much of the time has pain made it hard for you to sleep at night?"	0-Does not apply - I have not had any pain or hurting in the past 5 days 1-Rarely or not at all 2-Occasionally 3-Frequently 4-Almost constantly 8-Unable to answer ^-Blank (skip pattern)	*	N
J0520	Pain Interference with Therapy Activities. Ask patient: "Over the past 5 days, how often have you limited your participation in rehabilitation therapy sessions due to pain?"	0-Does not apply - I have not received rehabilitation therapy in the past 5 days 1-Rarely or not at all 2-Occasionally 3-Frequently 4-Almost constantly 8-Unable to answer ^-Blank (skip pattern)	*	N
J0530	Pain Interference with Day-to-Day Activities. Ask patient: "Over the past 5 days, how often have you limited your day-to-day activities (excluding rehabilitation therapy sessions) because of pain?"	1-Rarely or not at all 2-Occasionally 3-Frequently 4-Almost constantly 8-Unable to answer ^-Blank (skip pattern)	*	N
J1800	Has the patient had any falls since SOC/ROC, whichever is more recent?	0-No 1-Yes --Not assessed/no information	QM	N
J1900	Number of Falls Since SOC/ROC, whichever is most recent	*	*	N
J1900A	No injury: No evidence of any injury is noted on physical assessment by the nurse or primary care clinician; no complaints of pain or injury by the patient; no change in the patient's behavior is noted after the fall.	0-None 1-One 2-Two or more ^-Blank (skip pattern) --Not assessed/no information	QM	N



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J1900B	Injury (except major): Skin tears, abrasions, lacerations, superficial bruises, hematomas and sprains; or any fall-related injury that causes the patient to complain of pain	0-None 1-One 2-Two or more ^-Blank (skip pattern) --Not assessed/no information	QM	N
J1900C	Major injury: Bone fractures, joint dislocations, closed head injuries with altered consciousness, subdural hematoma	0-None 1-One 2-Two or more ^-Blank (skip pattern) --Not assessed/no information	QM	N
M1400	When is the patient dyspneic or noticeably Short of Breath?	00-{Patient/Resident/Person} is not short of breath 01-When walking more than 20 feet, climbing stairs 02-With moderate exertion (for example, while dressing, using commode or bedpan, walking distances less than 20 feet) 03-With minimal exertion (for example, while eating, talking, or performing other ADLs) or with agitation 04-At rest (during day or night)	*	Y
M1060	Height and Weight. While measuring, if the number is X.1-X.4 round down, X.5 or greater round up	*	*	N
M1060_A	Height (in inches). Record most recent height measure since the most recent SOC/ROC	50-Minimum value 80-Maximum value --Not assessed/no information	*	N
M1060_B	Weight (in pounds). Base weight on most recent measure in last 30 days; measure weight consistently, according to standard agency practice (for example, in a.m. after voiding, before meal, with shoes off, etc.)	065-Minimum value 440-Maximum value --Not assessed/no information	*	N
K0520	Nutritional Approaches	*	*	N



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K0520_1	Check all of the following nutritional approaches that apply on {admission}	A-Parenteral/IV feeding B-Feeding tube (e.g., nasogastric or abdominal (PEG)) C-Mechanically altered diet - require change in texture of food or liquids (e.g., pureed food, thickened liquids) D-Therapeutic diet (e.g., low salt, diabetic, low cholesterol) --Not assessed/no information Z-None of the above	*	N
K0520_4	Check all of the nutritional approaches that were received in the last 7 days	A-Parenteral/IV feeding B-Feeding tube (e.g., nasogastric or abdominal (PEG)) C-Mechanically altered diet - require change in texture of food or liquids (e.g., pureed food, thickened liquids) D-Therapeutic diet (e.g., low salt, diabetic, low cholesterol) --Not assessed/no information Z-None of the above	*	N
K0520_5	Check all of the nutritional approaches that were being received at discharge	A-Parenteral/IV feeding B-Feeding tube (e.g., nasogastric or abdominal (PEG)) C-Mechanically altered diet - require change in texture of food or liquids (e.g., pureed food, thickened liquids) D-Therapeutic diet (e.g., low salt, diabetic, low cholesterol) --Not assessed/no information Z-None of the above	*	N
M1870	Feeding or Eating. Current ability to feed self meals and snacks safely. Note: This refers only to the process of eating, chewing, and swallowing, not preparing the food to be eaten.	00-Able to independently feed self. 01-Able to feed self independently but requires: (a) meal set-up; OR (b) intermittent assistance or supervision from another person; OR (c) a liquid, pureed or ground meat diet. 02-Unable to feed self and must be assisted or supervised throughout the meal/snack. 03-Able to take in nutrients orally and receives supplemental nutrients though a nasogastric tube or gastrostomy. 04-Unable to take in nutrients orally and is fed nutrients through a nasogastric tube or gastrostomy. 05-Unable to take in nutrients orally or by tube feeding.	*	N
M1306	Does this patient have at least one Unhealed Pressure Ulcer/Injury at Stage 2 or Higher or designated as Unstageable? (Excludes Stage 1 pressure injuries and all healed pressure ulcers/injuries)	0-No 1-Yes	*	N



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M1307	The Oldest Stage 2 Pressure Ulcer that is present at discharge: (Excludes healed Stage 2 Pressure Ulcers)	01-Was present at the most recent SOC/ROC assessment 02-Developed since the most recent SOC/ROC assessment ^-Blank (skip pattern) NA-No Stage 2 pressure ulcers are present at discharge	*	N
M1307_DT	Record date pressure ulcer first identified	^-Blank (skip pattern) MMDDYYYY-Date of oldest Stage 2 pressure ulcer	*	N
M1311	Current Number of Unhealed Pressure Ulcers/Injuries at Each Stage	*	*	N
M1311_A1	Number of Stage 2 pressure ulcers	00-Minimum value 99-Maximum value ^-Blank (skip pattern) --Not assessed/no information	*	Y
M1311_A2	Number of these Stage 2 pressure ulcers that were present at most recent SOC/ROC - enter how many were noted at the time of most recent SOC/ROC	00-Minimum value 99-Maximum value ^-Blank (skip pattern) --Not assessed/no information	*	N
M1311_B1	Number of Stage 3 pressure ulcers	00-Minimum value 99-Maximum value ^-Blank (skip pattern) --Not assessed/no information	*	Y
M1311_B2	Number of these Stage 3 pressure ulcers that were present at most recent SOC/ROC - enter how many were noted at the time of most recent SOC/ROC	00-Minimum value 99-Maximum value ^-Blank (skip pattern) --Not assessed/no information	*	N
M1311_C1	Number of Stage 4 pressure ulcers	00-Minimum value 99-Maximum value ^-Blank (skip pattern) --Not assessed/no information	*	Y





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M1311_C2	Number of these Stage 4 pressure ulcers that were present at most recent SOC/ROC - enter how many were noted at the time of most recent SOC/ROC	00-Minimum value 99-Maximum value ^-Blank (skip pattern) --Not assessed/no information	*	N
M1311_D1	Number of unstageable pressure ulcers/injuries due to non-removable dressing/device	00-Minimum value 99-Maximum value ^-Blank (skip pattern) --Not assessed/no information	*	Y
M1311_D2	Number of these unstageable pressure ulcers/injuries that were present at most recent SOC/ROC - enter how many were noted at the time of most recent SOC/ROC	00-Minimum value 99-Maximum value ^-Blank (skip pattern) --Not assessed/no information	QM	N
M1311_E1	Number of unstageable pressure ulcers due to coverage of wound bed by slough and/or eschar	00-Minimum value 99-Maximum value ^-Blank (skip pattern) --Not assessed/no information	*	Y
M1311_E2	Number of these unstageable pressure ulcers that were present at most recent SOC/ROC - enter how many were noted at the time of most recent SOC/ROC	00-Minimum value 99-Maximum value ^-Blank (skip pattern) --Not assessed/no information	QM	N
M1311_F1	Number of unstageable pressure injuries presenting as deep tissue injury	00-Minimum value 99-Maximum value ^-Blank (skip pattern) --Not assessed/no information	*	Y
M1311_F2	Number of these unstageable pressure injuries that were present at most recent SOC/ROC - enter how many were noted at the time of most recent SOC/ROC	00-Minimum value 99-Maximum value ^-Blank (skip pattern) --Not assessed/no information	QM	N



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M1322	Current Number of Stage 1 Pressure Injuries. Intact skin with non-blanchable redness of a localized area usually over a bony prominence. Darkly pigmented skin may not have a visible blanching; in dark skin tones only it may appear with persistent blue or purple hues.	00-0 01-1 02-2 03-3 04-4 or more	*	Y
M1324	Stage of Most Problematic Unhealed Pressure Ulcer/Injury that is Stageable. Excludes pressure ulcer/injury that cannot be staged due to a non-removable dressing/device, coverage of wound bed by slough and/or eschar, or deep tissue injury.	01-Stage 1 02-Stage 2 03-Stage 3 04-Stage 4 NA-{Patient/Resident/Person} has no pressure ulcers/injuries or no stageable pressure ulcers/injuries	*	Y
M1330	Does this patient have a Stasis Ulcer?	00-No 01-Yes, {patient/resident/person} has BOTH observable and unobservable stasis ulcers. 02-Yes, {patient/resident/person} has observable stasis ulcers ONLY. 03-Yes, {patient/resident/person} has unobservable stasis ulcers ONLY (known but not observable due to non-removable dressing/device)	*	Y
M1332	Current Number of Stasis Ulcer(s) that are Observable	01-One 02-Two 03-Three 04-Four or more ^-Blank (skip pattern)	*	Y
M1334	Status of Most Problematic Stasis Ulcer that is Observable	01-Fully granulating 02-Early/partial granulation 03-Not healing ^-Blank (skip pattern)	*	Y
M1340	Does this patient have a Surgical Wound?	00-No 01-Yes, {patient/resident/person} has at least one observable surgical wound 02-Surgical wound known but not observable due to non-removable dressing/device	*	Y



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M1342	Status of Most Problematic Surgical Wound that is Observable	00-Newly epithelialized 01-Fully granulating 02-Early/partial granulation 03-Not healing ^-Blank (skip pattern)	*	Y
N0415	High-Risk Drug Classes: Use and Indication. Check all that apply	*	*	N
N0415_1	Check if the patient is taking any medications by pharmacological classification, not how it is used, in the following classes	A-Antipsychotic E-Anticoagulant F-Antibiotic H-Opioid I-Antiplatelet J-Hypoglycemic (including insulin) Z-None of the above	*	N
N0415_2	Indication Noted. If medication is being taken, check if there is an indication noted for all medications in the drug class	A-Antipsychotic ^-Blank (skip pattern) E-Anticoagulant F-Antibiotic H-Opioid I-Antiplatelet J-Hypoglycemic (including insulin) Z-None of the above	*	N
M2001	Drug Regimen Review. Did a complete drug regimen review identify potential clinically significant medication issues?	0-No - No issues found during review 1-Yes - Issues found during review 9-Not applicable - {Patient/Resident/Person} is not taking any medications --Not assessed/no information	*	N
M2003	Medication Follow-up. Did the agency contact a physician (or physician-designee) by midnight of the next calendar day and complete prescribed/recommended actions in response to the identified potential clinically significant medication issues?	0-No 1-Yes ^-Blank (skip pattern) --Not assessed/no information	*	N



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M2005	Medication Intervention. Did the agency contact and complete physician (or physician-designee) prescribed/recommended actions by midnight of the next calendar day each time potential clinically significant medication issues were identified since the SOC/ROC?	0-No 1-Yes 9-Not applicable - There were no potential clinically significant medication issues identified since {admission} or {patient/resident/person} is not taking any medications --Not assessed/no information	*	N
M2010	Patient/Caregiver High-Risk Drug Education: Has the patient/caregiver received instruction on special precautions for all high-risk medications (such as hypoglycemics, anticoagulants, etc.) and how and when to report problems that may occur?	00-No 01-Yes ^-Blank (skip pattern) NA-{Patient/Resident/Person} not taking any high-risk drugs OR {patient/resident/person}/caregiver fully knowledgeable about special precautions associated with all high-risk medications	*	N
M2016	Patient/Caregiver Drug Education Intervention: At the time of, or at any time since the most recent SOC/ROC assessment, was the patient/caregiver instructed by agency staff or other health care provider to monitor the effectiveness of drug therapy, adverse drug reactions, and significant side effects, and how and when to report problems that may occur?	00-No 01-Yes NA-{Patient/Resident/Person} not taking any drugs	*	N



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M2020	Management of Oral Medications: Patient's current ability to prepare and take all oral medications reliably and safely, including administration of the correct dosage at the appropriate times/intervals. Excludes injectable and IV medications. (NOTE: This refers to ability, not compliance or willingness.)	00-Able to independently take the correct oral medication(s) and proper dosage(s) at the correct times. 01-Able to take medication(s) at the correct times if: (a) individual dosages are prepared in advance by another person; OR (b) another person develops a drug diary or chart. 02-Able to take medication(s) at the correct times if given reminders by another person at the appropriate times 03-Unable to take medication unless administered by another person. ^-Blank (skip pattern) NA-No oral medications prescribed.	*	N
M2030	Management of Injectable Medications: Patient's current ability to prepare and take all prescribed injectable medications reliably and safely, including administration of correct dosage at the appropriate times/intervals. Excludes IV medications.	00-Able to independently take the correct medication(s) and proper dosage(s) at the correct times. 01-Able to take injectable medication(s) at the correct times if: (a) individual syringes are prepared in advance by another person; OR (b) another person develops a drug diary or chart. 02-Able to take medication(s) at the correct times if given reminders by another person based on the frequency of the injection 03-Unable to take injectable medication unless administered by another person. ^-Blank (skip pattern) NA-No injectable medications prescribed.	*	Y
O0110	Special Treatments, Procedures, and Programs. Check all of the following treatments, procedures, and programs that apply.	*	*	N



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Assessment Item ID	Question Text	Response Code - Response Text	Item Use(s)	Changed since Last Assessment
O0110_a	Check all of the following treatments, procedures, and programs that apply on {admission}	A10-Chemotherapy - Other A1-Chemotherapy A2-Chemotherapy - IV A3-Chemotherapy - Oral B1-Radiation C1-Oxygen Therapy C2-Oxygen Therapy - Continuous C3-Oxygen Therapy - Intermittent C4-Oxygen Therapy - High-concentration D1-Suctioning D2-Suctioning - Scheduled D3-Suctioning - As Needed E1-Tracheostomy care F1-Invasive Mechanical Ventilator (ventilator or respirator) G1-Non-Invasive Mechanical Ventilator G2-Non-Invasive Mechanical Ventilator - BiPAP G3-Non-Invasive Mechanical Ventilator - CPAP H10-IV Medications - Other H1-IV Medications H2-IV Medications - Vasoactive medications H3-IV Medications - Antibiotics H4-IV Medications - Anticoagulant I1-Transfusions J1-Dialysis J2-Dialysis - Hemodialysis J3-Dialysis - Peritoneal dialysis O1-IV Access O2-IV Access - Peripheral O3-IV Access - Midline O4-IV Access - Central (e.g., PICC, tunneled, port) Z1-None of the Above	*	N



# **DEL Report** **Data Elements by Assessment Instrument Version Report**

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Note: \* indicates an empty value.

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Assessment Item ID	Question Text	Response Code - Response Text	Item Use(s)	Changed since Last Assessment
O0110_c	Check all of the following treatments, procedures, and programs that apply at discharge	A10-Chemotherapy - Other A1-Chemotherapy A2-Chemotherapy - IV A3-Chemotherapy - Oral B1-Radiation C1-Oxygen Therapy C2-Oxygen Therapy - Continuous C3-Oxygen Therapy - Intermittent C4-Oxygen Therapy - High-concentration D1-Suctioning D2-Suctioning - Scheduled D3-Suctioning - As Needed E1-Tracheostomy care F1-Invasive Mechanical Ventilator (ventilator or respirator) G1-Non-Invasive Mechanical Ventilator G2-Non-Invasive Mechanical Ventilator - BiPAP G3-Non-Invasive Mechanical Ventilator - CPAP H10-IV Medications - Other H1-IV Medications H2-IV Medications - Vasoactive medications H3-IV Medications - Antibiotics H4-IV Medications - Anticoagulant I1-Transfusions J1-Dialysis J2-Dialysis - Hemodialysis J3-Dialysis - Peritoneal dialysis --Not assessed/no information O1-IV Access O2-IV Access - Peripheral O3-IV Access - Midline O4-IV Access - Central (e.g., PICC, tunneled, port) Z1-None of the Above	*	N



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Assessment Item ID	Question Text	Response Code - Response Text	Item Use(s)	Changed since Last Assessment
M1041	Influenza Vaccine Data Collection Period: Does this episode of care (SOC/ROC to Transfer/Discharge) include any dates on or between October 1 and March 31?	0-No 1-Yes	*	N
M1046	Influenza Vaccine Received: Did the patient receive the influenza vaccine for this year's flu season?	01-Yes; received from your agency during this episode of care (SOC/ROC to Transfer/Discharge) 02-Yes; received from your agency during a prior episode of care (SOC/ROC to Transfer/Discharge) 03-Yes; received from another health care provider (for example, physician, pharmacist) 04-No; {patient/resident/person} offered and declined 05-No; {patient/resident/person} assessed and determined to have medical contraindication(s) 06-No; not indicated - {patient/resident/person} does not meet age/condition guidelines for influenza vaccine 07-No; inability to obtain vaccine due to declared shortage 08-No; {patient/resident/person} did not receive the vaccine due to reasons other than those listed in responses 4 - 7 ^-Blank (skip pattern)	*	N
M2200	Therapy Need. In the home health plan of care for the Medicare payment episode for which this assessment will define a case mix group, what is the indicated need for therapy visits (total of reasonable and necessary physical, occupational, and speech-language pathology visits combined)? Enter zero ["000"] if no therapy visits indicated.	000-Minimum value 999-Maximum value ^-Blank (skip pattern) NA-Not applicable: No case mix group defined by this assessment	*	Y
M2401	Intervention Synopsis: At the time of or at any time since the most recent SOC/ROC assessment, were the following interventions BOTH included in the physician-ordered plan of care AND implemented? (Check only one box in each row)	*	*	N





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Note: \* indicates an empty value.

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Assessment Item ID	Question Text	Response Code - Response Text	Item Use(s)	Changed since Last Assessment
M2401_B	Falls prevention interventions	00-No 01-Yes NA-Not applicable	*	N
M2401_C	Depression intervention(s) such as medication, referral for other treatment, or a monitoring plan for current treatment	00-No 01-Yes NA-Not applicable	*	N
M2401_D	Intervention(s) to monitor and mitigate pain	00-No 01-Yes NA-Not applicable	*	N
M2401_F	Pressure ulcer treatment based on principles of moist wound healing	00-No 01-Yes NA-Not applicable	*	N
M2401_E	Intervention(s) to prevent pressure ulcers	00-No 01-Yes NA-Not applicable	*	N